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TOWN OF YEMASSEE
PLANNING AND ZONING DEPARTMENT
(843) 589-2565
www.townofyemassee.org

Permit # CGAS-08-22-1071

Name: Palmetto Rural Telephone Coop

Address: 79 Zahler St E

Contractor: Donny Frank

Date Requested: 9/29/22 **Date of Inspection:** 10/3/22

Inspection Number: INR2022-01292 **TMS:** 204-02-02-004

County: Hampton **Zoning:** MU

TYPE OF INSPECTION

<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 15px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 15px; text-align: center;">F A I L</div></div>	<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 15px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 15px; text-align: center;">F A I L</div></div>	<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 15px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 15px; text-align: center;">F A I L</div></div>
<input type="checkbox"/> <input type="checkbox"/> Temporary Service Pole	<input type="checkbox"/> <input type="checkbox"/> Rough in Electric	<input type="checkbox"/> <input type="checkbox"/> Insulation
<input type="checkbox"/> <input type="checkbox"/> Under Slab/Rough Plumb	<input type="checkbox"/> <input type="checkbox"/> Rough in HVAC	<input type="checkbox"/> <input type="checkbox"/> Permanent Electric
<input type="checkbox"/> <input type="checkbox"/> Foundation/Footing	<input type="checkbox"/> <input type="checkbox"/> Rough in Plumbing	<input type="checkbox"/> <input type="checkbox"/> Mobile Home
<input type="checkbox"/> <input type="checkbox"/> Slab	<input type="checkbox"/> <input type="checkbox"/> Plumbing Stack Out	<input type="checkbox"/> <input type="checkbox"/> C.O./Final
<input type="checkbox"/> <input type="checkbox"/> Sheathing/Nail Pattern	<input type="checkbox"/> <input type="checkbox"/> Framing	<input checked="" type="checkbox"/> <input type="checkbox"/> Gas
<input type="checkbox"/> <input type="checkbox"/> Structural Review	<input type="checkbox"/> <input type="checkbox"/> Pool/Spa Bonding	<input type="checkbox"/> <input type="checkbox"/> Pool/Spa Final
<input type="checkbox"/> <input type="checkbox"/> Fire Alarm Review	<input type="checkbox"/> <input type="checkbox"/> Above Ceiling	<input type="checkbox"/> <input type="checkbox"/> 200lb. Pressure Test
<input type="checkbox"/> <input type="checkbox"/> Brick Ties	<input type="checkbox"/> <input type="checkbox"/> Fire Final	<input type="checkbox"/> <input type="checkbox"/> Other: _____

VIOLATIONS NOTED: _____

Inspected By:  **Date:** 10/3/22