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

**Permit #** CNEW-06-22-1049

**Name:** Robert Steif

**Address:** 41 Trask Pkwy

**Contractor:** \_\_\_\_\_

**Date Requested:** 10/7/22 **Date of Inspection:** 10/7/22

**Inspection Number:** INSF-2022-01302 **TMS:** R710 011 000 0009 00000

**County:** Beaufort **Zoning:** OCD

**TYPE OF INSPECTION**

<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center;">P A S S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center;">F A I L</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center;">P A S S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center;">F A I L</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center;">P A S S</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 20px; height: 20px; text-align: center;">F A I L</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 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/> Other: <u>Progress Report</u>

**VIOLATIONS NOTED:** Installation of Well / No Power

**Inspected By:** [Signature] **Date:** 10/7/22