

#9

TOWN OF YEMASSEE PLANNING AND ZONING DEPARTMENT

(843) 589-2565

www.townofyemassee.org

Permit # CNEW-06-22-1049

Name: Steif

Address: 4 Trask Pkwy

Contractor: /

Date Requested: 11/4/22 Date of Inspection: 11/4/22

Inspection Number: INSP-2022-01331 TMS: R710 011 0W 0009 0000

County: Bearport Zoning: Office Commercial Dist

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 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: <u>Site Visit</u>

VIOLATIONS NOTED: #2 Copper 021 4 Alor

Inspected By: [Signature] Date: 11/4/22