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# TOWN OF YEMASSEE PLANNING AND ZONING DEPARTMENT

(843) 589-2565

www.townofyemassee.org

Permit # ELEC-11-22-1108

Name: Alpha Genesis  
Address: 95 Castle Hall Rd; Building # 7  
Contractor: AGI - James 843-599-4916  
Date Requested: 11/29/22 Date of Inspection: 12/02/22  
Inspection Number: 1WSP-2022-01341 TMS: R710 001 000 003 000  
County: Beaufort Zoning: OCD

## TYPE OF INSPECTION

<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 20px; 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: 20px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 20px; 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: 20px; text-align: center;">P A S S</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">F A I L</div></div>
<input type="checkbox"/> <input type="checkbox"/> Temporary Service Pole	<input checked="" type="checkbox"/> <input checked="" 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: _____

VIOLATIONS NOTED: No Violations Noted @ time of inspection

Inspected By: J. Franklin Date: 12-2-22