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TOWN OF YEMASSEE PLANNING AND ZONING DEPARTMENT

(843) 589-2565

www.townofyemassee.org

Cancelled

Permit # ELEC-11-22-1108

Name: Alpha Gerass

Address: 95 Castle Hall Rd. Building 7

Contractor: AGI - James 843-599-4196

Date Requested: 11/29/22 Date of Inspection: 12/2/22

Inspection Number: INSP-2022-01340 TMS: R710 001 006 0023 0000

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><input type="checkbox"/> <input type="checkbox"/> Temporary Service Pole</div> <div><input type="checkbox"/> <input type="checkbox"/> Under Slab/Rough Plumb</div> <div><input type="checkbox"/> <input type="checkbox"/> Foundation/Footing</div> <div><input type="checkbox"/> <input type="checkbox"/> Slab</div> <div><input type="checkbox"/> <input type="checkbox"/> Sheathing/Nail Pattern</div> <div><input type="checkbox"/> <input type="checkbox"/> Structural Review</div> <div><input type="checkbox"/> <input type="checkbox"/> Fire Alarm Review</div> <div><input type="checkbox"/> <input type="checkbox"/> Brick Ties</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><input checked="" type="checkbox"/> <input type="checkbox"/> Rough in Electric</div> <div><input type="checkbox"/> <input type="checkbox"/> Rough in HVAC</div> <div><input type="checkbox"/> <input type="checkbox"/> Rough in Plumbing</div> <div><input type="checkbox"/> <input type="checkbox"/> Plumbing Stack Out</div> <div><input type="checkbox"/> <input type="checkbox"/> Framing</div> <div><input type="checkbox"/> <input type="checkbox"/> Pool/Spa Bonding</div> <div><input type="checkbox"/> <input type="checkbox"/> Above Ceiling</div> <div><input type="checkbox"/> <input type="checkbox"/> Fire Final</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><input type="checkbox"/> <input type="checkbox"/> Insulation</div> <div><input type="checkbox"/> <input type="checkbox"/> Permanent Electric</div> <div><input type="checkbox"/> <input type="checkbox"/> Mobile Home</div> <div><input type="checkbox"/> <input type="checkbox"/> C.O./Final</div> <div><input type="checkbox"/> <input type="checkbox"/> Gas</div> <div><input type="checkbox"/> <input type="checkbox"/> Pool/Spa Final</div> <div><input type="checkbox"/> <input type="checkbox"/> 200lb. Pressure Test</div> <div><input type="checkbox"/> <input type="checkbox"/> Other: <u>Final CMC</u></div>
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VIOLATIONS NOTED: _____

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