

H6

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 Hill Rd. Building #7

Contractor: AGI - James 843-599-4116

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

Inspection Number: INSP-2022-01340 TMS: R710 001 006 0033 0000

County: Beaufort Zoning: OCD

TYPE OF INSPECTION

<table border="0"><tr><td style="border: 1px solid black; padding: 2px; text-align: center;">P A S S</td><td style="border: 1px solid black; padding: 2px; text-align: center;">F A I L</td></tr></table>	P A S S	F A I L	<table border="0"><tr><td style="border: 1px solid black; padding: 2px; text-align: center;">P A S S</td><td style="border: 1px solid black; padding: 2px; text-align: center;">F A I L</td></tr></table>	P A S S	F A I L	<table border="0"><tr><td style="border: 1px solid black; padding: 2px; text-align: center;">P A S S</td><td style="border: 1px solid black; padding: 2px; text-align: center;">F A I L</td></tr></table>	P A S S	F A I L
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<input type="checkbox"/> <input type="checkbox"/> Temporary Service Pole	<input checked="" 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>Final CEC</u>						

VIOLATIONS NOTED: _____

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