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**TOWN OF YEMASSEE**  
**PLANNING AND ZONING DEPARTMENT**  
**(843) 589-2565**

**www.townofyemassee.org**

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

**Name:** Robert Star

**Address:** 4 Trask Pkwy

**Contractor:** Graceland - Robert Star - 443-895-5874

**Date Requested:** 11/29/22 **Date of Inspection:** 12/02/22

**Inspection Number:** INSP-2022-01343 **TMS:** R710 011 000 0009 0000

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

**TYPE OF INSPECTION**

<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-size: 8px;">P A S S</div><div style="border: 1px solid black; padding: 2px; font-size: 8px;">F A I L</div></div>	<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-size: 8px;">P A S S</div><div style="border: 1px solid black; padding: 2px; font-size: 8px;">F A I L</div></div>	<div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; font-size: 8px;">P A S S</div><div style="border: 1px solid black; padding: 2px; font-size: 8px;">F A I L</div></div>
<input type="checkbox"/> <input checked="" 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: _____

**VIOLATIONS NOTED:** Working to Inspect At time of Inspection.

**Inspected By:** J. Faurber **Date:** 12-2-22