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# TOWN OF YEMASSEE

## PLANNING AND ZONING DEPARTMENT

(843) 589-2565

www.townofyemassee.org

Permit # RA1DD-10-22-1094

Name: Bobby Anderson

Address: 268 Cochran St

Contractor: Johnny Lee Green - 803 942-2469

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

Inspection Number: INSR-2022-01345 TMS: 198-00-00-184

County: Hampton Zoning: GR

### TYPE OF INSPECTION

<div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div>PASS</div><div>FAIL</div></div>	<div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div>PASS</div><div>FAIL</div></div>	<div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"><div>PASS</div><div>FAIL</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 checked="" type="checkbox"/> <input type="checkbox"/> Other: <u>Final Cut-C</u>

VIOLATIONS NOTED: \_\_\_\_\_

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