



City of Blue Ridge, GA  
Building Department  
Request for Inspection

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# Blue Ridge

GEORGIA | EST. 1886

**Allow at LEAST 2-Business days from current date for Inspection**

Requested Date for Inspection:

Permit Number:

**Jobsite Address:**

**General Contractor:**

Name shown on license:

Telephone Number:

License Number:

**Electrical Contractor:**

Name shown on license:

Telephone Number:

License Number:

**HVAC Contractor:**

Name shown on license:

Telephone Number:

License Number:

**Fuel / Gas Contractor:**

Name shown on license:

Telephone Number:

License Number:

**Plumbing Contractor:**

Name shown on license:

Telephone Number:

License Number:

Contact Name:

Phone Number for access:

### TYPE OF INSPECTION REQUESTED:

Foundation

Foundation Wall

Slab

Temporary Service Pole

Framing

Rough in Plumbing

Rough in Electrical

Rough in Mechanical

Rough in Gas

Final Structure

Final Electrical

Final Mechanical

Final Plumbing

Final Gas

Date Inspection Completed: \_\_\_\_\_

Remarks:

Release to Power Company: Yes \_\_\_\_\_ No \_\_\_\_\_