



# BOROUGH of CLEMENTON

CONSTRUCTION OFFICE  
101 Gibbsboro Road, 2<sup>nd</sup> Fl  
Clementon, NJ 08021  
[www.clementon-nj.com](http://www.clementon-nj.com)

## INSPECTION REQUEST FORM

Project address: \_\_\_\_\_

Permit number: \_\_\_\_\_

Contact person name: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact person email: \_\_\_\_\_

Inspection requested to be held on this date: \_\_\_\_\_

Comments: \_\_\_\_\_

Requested Inspection Type (circle requested subcode and inspection type):

Subcode:

**Building**

**Electrical**

**Fire**

**Plumbing**

**Mechanical**

Type of inspection:

**Rough**

**Footing**

**Foundation**

**Frame**

**Above Ceiling**

**Slab**

**Backfill**

**Insulation**

**Pressure Test**

**Final**

**Other: \_\_\_\_\_**

If multiple inspections are being requested, please list them below:

Subcode:

Type of inspection:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All inspection requests must be in writing 5:23-2.18(c) at least 24 hours prior to the requested inspection date.

To submit request form:

- Deliver in person: 101 Gibbsboro Rd, Clementon, NJ 08021 – Monday, Tuesday and Thursday (8:30am- 4:30pm) Wednesday (12:00pm – 8:00 pm). Closed Fridays.
- Send via email: [lwest@clementon-nj.com](mailto:lwest@clementon-nj.com) (Form must be complete and emailed as an attachment)