



Inspection Application

Date of application _____/_____/_____

Name _____

Business address _____

Phone _____

Type of inspection requested:

An inspector will call upon receipt of this request to schedule the inspection and discuss general requirements needed.

Applicant Signature

Date

FOR DEPARTMENT USE ONLY	
Fee collected:	_____
Fee posted:	_____
Information entered	_____
Inspector assigned	_____

433 HAY STREET
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An Equal Opportunity Employer