



TOWNSHIP OF MEDFORD
CONSTRUCTION OFFICE
49 UNION STREET, 2ND FLOOR
MEDFORD, NJ 08055
www.medfordtownship.com

INSPECTION REQUEST FORM

PROJECT ADDRESS: _____

PERMIT NUMBER: _____

CONTACT PERSON: _____ PHONE # _____

CONTACT EMAIL: _____

INSPECTION REQUESTED TO BE HELD ON THIS DATE: _____

COMMENTS/NOTES: _____

REQUESTED INSPECTION TYPE (Circle requested Subcode and Inspection Type)

- **SUBCODE:**

Building Electric Fire Plumbing Mechanical

- **TYPE OF INSPECTION:**

Footing Foundation Slab Pressure Test Above Ceiling
Rough Frame Insulation Final Other: _____

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

Subcode	Type of Inspection
_____	_____
_____	_____
_____	_____
_____	_____

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

TO SUBMIT REQUEST FORM:

- **Deliver in Person:** 49 Union Street, 2nd Floor, Medford, NJ 08055
Monday-Friday (8:30-4:30)
- **Send via Email:** medfordconstruction@medfordtownship.com
(Form must be complete and emailed as an attachment.)

NO INSPECTION IS SCHEDULED UNTIL AVAILABILITY IS CONFIRMED BY OUR OFFICE.