



# OREGON CITY

## Oregon City Building Department Inspection Request Form

Fax: 503-722-3880    IVR: 503-496-1551

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Requested Date of Inspection: \_\_\_\_\_

Provide permit numbers with each inspection requested and include the BB, BE, BP or BM with permit numbers for each inspection requested.

Permit No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Inspection: \_\_\_\_\_

Pour Time: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Inspection: \_\_\_\_\_

Pour Time: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Inspection: \_\_\_\_\_

Pour Time: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Lot No.: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Inspection: \_\_\_\_\_

Pour Time: \_\_\_\_\_