

Setbacks/Footings:	Termite/Slab:	Retaining/Stem Walls:	Temporary Service:	Electric Service:	Gas Service:
--------------------	---------------	-----------------------	--------------------	-------------------	--------------

RPZ:	NOTICE: Contractors are required to notify the Inspection Division 24 hours prior to needed inspection.	Swimming Pools:
	<p align="center"> City of Decatur 310 Maple Avenue Decatur, Ar.72722 479-752-3912 READ AND COMPLY WITH ALL NOTICES </p>	

BUILDING INSPECTION RECORD
 This card must be posted on job site and 911 address posted at drive way.

Address Numeral:
Street:

Rough-in Plumbing: Under Slab	Permit #:	Rough-in Electric:
	Contractor:	

Top Out Plumbing:	<table border="1"> <tr> <th>Front</th> <th>L. Side</th> <th>Rear</th> <th>R. Side</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Front	L. Side	Rear	R. Side					Framing: Plumbing: Electric HVAC:
	Front	L. Side	Rear	R. Side						

Final Plumbing:	Gas Yard Line:	Sewer Yard Line:	Water Yard Line:	Electric Yard Line:	Final:
-----------------	----------------	------------------	------------------	---------------------	--------