



# City of Crystal River Building Division

123 NW Highway 19,  
Crystal River, FL 34428  
352-795-4216, ext. 317  
352-795-6245

EMAIL: [ecopeland@crystalriverfl.org](mailto:ecopeland@crystalriverfl.org)

## PERMIT INSPECTION REQUEST

ALL REQUESTS MUST BE SUBMITTED PRIOR TO  
4:00 P.M. THE DAY PRIOR TO SCHEDULED INSPECTION

- EMAIL REQUEST  
 FAX REQUEST

Permit #: \_\_\_\_\_ Alt Key Number: \_\_\_\_\_ Date: \_\_\_\_\_

**PROJECT INFORMATION** CRA DISTRICT?  YES  NO

PROJECT ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

**PRIMARY CONTRACTOR INFORMATION or OWNER BUILDER PER FL St. 489**

NAME of COMPANY: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**PERMIT INSPECTION REQUEST:**  RESIDENTIAL  COMMERCIAL **DATE REQUESTED:** \_\_\_\_\_

<input type="checkbox"/> BUILDING:	PLUMBING	MECHANICAL	ELECTRICAL	GAS	OTHER
<input type="checkbox"/> FOOTING	<input type="checkbox"/> 1 <sup>ST</sup> ROUGH	<input type="checkbox"/> ROUGH-IN	<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> UNDERGROUND	<input type="checkbox"/> M.H. SETUP
<input type="checkbox"/> STEM WALL	<input type="checkbox"/> 2 <sup>ND</sup> ROUGH	<input type="checkbox"/> FINAL	<input type="checkbox"/> ROUGH-IN	<input type="checkbox"/> ROUGH-IN	<input type="checkbox"/> M.H. FINAL
<input type="checkbox"/> SLAB	<input type="checkbox"/> SEWER/SEPTIC WATER		<input type="checkbox"/> FINAL	<input type="checkbox"/> FINAL	
<input type="checkbox"/> LINTEL	NOTES:				
<input type="checkbox"/> WALL SHEATHING					
<input type="checkbox"/> ROOF SHEATHING					
<input type="checkbox"/> FRAME					
<input type="checkbox"/> FIREWALL					
<input type="checkbox"/> WIRE LATH					
<input type="checkbox"/> INSULATION					
<input type="checkbox"/> DRYWALL SCREW					
<input type="checkbox"/> ROOF IN PROGRESS / DRY IN					
<input type="checkbox"/> WINDOW ATT.					
<input type="checkbox"/> ROOF DECK NAILING					
<input type="checkbox"/> ROOF TO WALL CONNECTOR					
<input type="checkbox"/> FINAL ROOF					
<input type="checkbox"/> FINAL BUILDING					

\_\_\_\_\_  
Signature of Contractor /Owner/Applicant

\_\_\_\_\_  
Print Name of Contractor/Owner/Applicant