



**Community Development
Department**

315 Kennel Ave/PO Box 248
Molalla, OR 97038
Phone 503.759.0205
www.cityofmolalla.com

INSPECTION REQUEST

All inspection requests must be made 24 hours in advance (from the time you turn in this completed form). Inspections scheduled; Tues-Friday 9am-3pm only.

Every line must be filled out completely or will be subject to rejection, delaying your inspection.

PUBLIC WORKS PERMIT #: _____ TODAY'S DATE: _____

BUILDING PERMIT #: _____ CLACKAMAS CO. PERMIT #: _____

___ FORMS/BASE ROCK ___ CONCRETE ___ WATER ___ STORM ___ SEWER
___ PAVEMENT/TRENCH ___ OTHER: _____

PROVIDE AS MANY DETAILS AS POSSIBLE:

___ First inspection for listed type ___ Re-inspection #1 ___ Re-inspection #2

ADDRESS/LOCATION OF INSPECTION: _____

CONTRACTOR'S NAME: _____

COMPANY NAME: _____

PHONE #: _____

EMAIL ADDRESS: _____

DATE OF INSPECTION REQUESTING: _____ TIME REQUESTING: _____

(Inspection times will be confirmed via email.) EMAIL TO: inspections@cityofmolalla.com

If your project requires an independent inspection, you **MUST HAVE** the inspection results on site at the time of the scheduled city inspection -or- submitted with this inspection request. Failure to have the independent inspection results readily available at the time of inspection will forfeit your inspection time and a re-inspection fee will be charged and paid-in-full before the next inspection is scheduled. (See the City of Molalla's Master Fee Schedule for current pricing)

INSPECTION REQUEST

(CITY USE ONLY)

DATE OF INSPECTION: _____ TIME: _____ INSPECTION #: _____

UNABLE TO INSPECT NO CORRECTIONS NEEDED CORRECTION(S) NEEDED

CORRECTION(S) NOTED:

FAILED INSPECTION – REINSPECTION REQUIRED

OK TO CONTINUE AFTER CORRECTIONS MADE

APPROVED

FINAL

INSPECTOR NAME: _____ SIGNATURE: _____