LCI FAX INSPECTION REQUEST

| To avoid delays in scheduling, be sure to check ONLY THE DISCIPLINES AND TYPES of inspection needed. | | | | | | |
|--|------------------------------------|---|--|-------------|--|--|
| To: LOURENCO GONSULTANTS Fax: (202) 966-1534 | | Attention: Tebessum Ozkal / Ph. (202) 966-0042 ext. 300 | | LCI USE ONL | Υ | |
| Requested by: | | | | | | |
| Name Company Name Beturn Fey Number | | | | | | |
| Name Company Name Return Fax Number Contact at Site: | | | | | | |
| Someon at Oito | | | | | | |
| Name | | Phone Number | | | | |
| Party Responsible for Payment: | | | Project Address: | : | | |
| | | | | | | |
| | | | | | | |
| | | | Project Name and/or Number: | | | |
| | | | | | | |
| INODEOTION BIOODS IN | UE DEQUE | TED AND T | /DE: 01 : | | | |
| INSPECTION DISCIPLIN | | | e box for eac | | | |
| □ Mechanical | □ Plumbing □ Cround Work | | □ Electrical | | □ Building | |
| □ Close-in □ Final | □ Ground Work □ Water Service | | □ Ground Work □ Rough-in | | □ Footing□ Foundation | |
| □ Core and Shell | □ Sewer | | □ Close-In for Walls | | □ Underpinning | |
| □ Final C of O | □ Flush Test | | □ Close-in for Ceilings | | □ Rebar | |
| □ Fire Protection | □ Gas Pressure Test | | □ Low Voltage | | □ Framing | |
| □ Fire Service | □ Water Pressure Test | | □ Temp. Service (TPF) | | □ Insulation | |
| □ Flush Test | □ Rough-in | | □ Service Heavy-up (TPF) | | □ Roofing | |
| □ Sprinkler Hydro Test | □ Close-In for Walls | | □ Final | | □ Final | |
| □ Fire Alarm Test | □ Close-in for Ceilings | | □ Core and Shell | | □ Core and Shell | |
| □ Final | □ Final | | □ Final C of O | | □ Final C of O | |
| □ Core and Shell | Core and Shell | | | | | |
| □ Final C of O | □ Final C of O | | | | | |
| MISC. OTHER: | □ Gasfitting □ Fire Pump Test | | □ Fire: Kitchen Hood Test□ Emergency Lighting | | □ Fire: Standpipe | |
| | | | | | □ Emergency | |
| INSPECTION DATE | Brief description of requested ins | | enaction: | | Generator | |
| REQUESTED | Brief descript | ion or requested in | □ Tenant | | Building | |
| | | | | | | |
| | _ | | | | | |
| INSPECTION TIME REQUESTED | | | | Phase # | | |
| □ A.M. | | | | Floor# | | |
| □ P.M. | | | | Unit# | | |
| | <u> </u> | | | Offic# | • | |
| LOURENCO GONSULTANTS CONFIRMATION OF INSPECTION REQUEST | | | | | | |
| | | | | | | |
| Inspection Confirmed: As Requested As Noted: | | | | | | |
| — Confirmed Inspection Date: | | | | | | |
| — Confirmed Time: □ A.M. □ P.M. | | | | | | |
| LOURENCO GONSULTANTS Certification # 16-007003 Confirmed By: | | | | | | |