

City of Lenoir City Building Inspection Report

865-986-9876

Fax 865-635-0007

JOB LOCATION _____ PERMIT NO. _____

REQUESTED BY _____ _____ _____ PHONE NUMBER _____ DATE _____ TIME _____	#1 _____ FOOTING #2 _____ SLAB #3 _____ 1ST FLOOR FRAMING/FOUNDATION #4 ROUGH-IN ____ FRAMING ____ PLUMBING ____ MECHANICAL ____ ENERGY EFFICIENCY #5 _____ FINAL ____ REINSPECTION ____ OTHER
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COMMENTS _____

APPROVED	DISAPPROVED
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Inspector's Signature Date Time AM PM

