



THE DEVELOPMENT CONTROL AND PLANNING BOARD

P O Box 597
Bladen Commercial Development
Basseterre, St. Kitts

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INSPECTION REQUEST FORM

REQUESTS ARE TO SUBMITTED TWO (2) DAYS PRIOR TO THE DATE INSPECTION IS REQUESTED

OWNER

Name _____ Contact No. _____

Address _____

CONTRACTOR OR PERSON MAKING REQUEST

Name _____ Contact No. _____

Address _____

PROPERTY INFORMATION

Location _____

TYPE OF INSPECTION (Please check the appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> Site Works | <input type="checkbox"/> Suspended Floor Slab and Roughing Services |
| <input type="checkbox"/> Concrete Strip Footings | <input type="checkbox"/> Lintel Reinforcement (Upper Level) |
| <input type="checkbox"/> Concrete Column Pad Footings | <input type="checkbox"/> Ring Beam reinforcement (Upper Level) |
| <input type="checkbox"/> Ground Floor Slab and Roughing Services | <input type="checkbox"/> Roof Installation |
| <input type="checkbox"/> Lintel Reinforcement (Lower Level) | <input type="checkbox"/> Drainage and Sewage System |
| <input type="checkbox"/> Ring Beam reinforcement (Lower Level) | <input type="checkbox"/> Final Inspections |
| <input type="checkbox"/> Other Inspections | |

Signature of Person making request

Date of Inspection

OFFICE USE ONLY

Application No.: _____

File No.: _____

DCPB Approval No.: _____

DCPB Approval Date: _____

Approved: Date _____

Building Insp. _____

Disapproved: Date _____

Building Insp. _____

Reasons for Disapproval: _____

Correction Required: Date _____ Building Insp. _____