

PERMIT NO. _____ **Date Issued** _____

POST THIS CARD AT OR NEAR FRONT OF BUILDING

Missoula County Building Inspection Division

INSPECTION RECORD

Job Address _____ Business Name (if Applicable) _____ Nature of Work _____ Use of Building _____ Owner _____ Contractor _____	Type	Occupancy
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*** NO INSPECTION CARD & APPROVED PLANS ON SITE = NO INSPECTION *
INSPECTOR MUST SIGN ALL SPACES PERTAINING TO THIS JOB.**

Inspection	Date	Inspector
Footings:		
Mono-Slab _____		
Footing Forms _____		
Reinforcing/Struc-Slab Reinforcement _____		
Interior Footings _____		

POUR NO CONCRETE UNTIL ABOVE HAS BEEN SIGNED.

Masonry Grout Lift _____		
Foundation Wall _____		

POUR NO CONCRETE UNTIL ABOVE HAS BEEN SIGNED.

Groundwork:		
Electrical _____		
Plumbing _____		
Mechanical _____		
Gas Piping _____		

DO NOT POUR FLOOR UNTIL ABOVE HAS BEEN SIGNED.

Interior Inspections:		
Floor Framing _____		
Shear Wall Nailing / OK to wrap / Roof Nailing _____		
Flashing & Wrap _____		
Rough Electrical _____		
Service _____		
Rough Plumbing _____		
Rough Gas Piping _____		
Rough Mechanical _____		
Gas & Mechanical Equipment _____		
(Above must be signed prior to framing inspection.)		
Framing _____		
Insulation _____		

COVER NO WORK UNTIL ABOVE HAS BEEN SIGNED.

Interior Finish:		
Drywall _____		
Multi-Layer (Firewalls) _____		
Ceiling Grid _____		
Other: _____		
Exterior Finish:		
Roofing: Dry-In _____		
Final _____		
Siding _____		
Final _____		
Final:		
Electrical _____		
Plumbing _____		
Mechanical _____		
Building _____		
Fire _____		
Zoning 258-4642 _____		
Health 258-4755 _____		
Engineering _____		
Others _____		

All permits must be called in for final inspections.

OK FOR CERTIFICATE OF OCCUPANCY