



**DEPARTMENT OF ADMINISTRATIVE SERVICES**  
Office of the State Building Inspector & Office of the State Fire Marshal

## Inspection Request & Report

All inspections require 48 hour notice and shall be **emailed to:**  
[OSBI.Inspections@ct.gov](mailto:OSBI.Inspections@ct.gov) and copied to the OSBI/OSFM lead inspector(s).

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*(This portion to be completed by Construction Administrator)*

Project Name: \_\_\_\_\_

Building Permit No.: \_\_\_\_\_ Project No.: \_\_\_\_\_

Date of Requested Inspection: \_\_\_\_\_ Time: \_\_\_\_\_ Requested by: \_\_\_\_\_

Area(s) to be inspected: \_\_\_\_\_

Pre-inspection conducted by construction administrator. (Name): \_\_\_\_\_

*(OSBI Use only below this line)*

<b>INSPECTION DATE:</b>	<b>INSPECTED BY:</b>	<b>ISSUED TO:</b>
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### INSPECTION SUMMARY

**RESULT:**

**ADDITIONAL EXPLANATORY COMMENTS:**

*Division of Construction Services  
Office of the State Building Inspector  
450 Columbus Boulevard, Suite 1303  
Hartford, CT 06103  
Tel: 860-713-5900 Fax: 860-713-7410  
Affirmative Action/Equal Opportunity Employer*