



**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)*

INSPECTION DATE:	INSPECTED BY:	ISSUED TO:
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**INSPECTION SUMMARY**

**RESULT:**

**ADDITIONAL EXPLANATORY COMMENTS:**