



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 and copied to the OSBI/OSFM lead inspector(s).

(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:

INSPECTION RESULT(S) AND EXPLANATORY COMMENTS:

450 Columbus Boulevard, Suite 1303 | Hartford, CT 06103

Division of Regulatory Compliance | Department of Administrative Services

Phone: (860) 713-5900 | DAS.OSBI@ct.gov

Affirmative Action/Equal Opportunity Employer

Rev. 6/12/2025



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