

**Borough of Ocean Gate**

801 Ocean Gate Ave, CN100

Ocean Gate, NJ 08740

732-269-3166, ext. 129

**Construction Department**

**REQUEST FOR INSPECTION**

Permit #: \_\_\_\_\_

Work Site Location: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Type of Inspection Requested: \_\_\_\_\_

Access (Provide door code/lock box code/ key location): \_\_\_\_\_

Inspection Date Requested (check one): ☐ Next Available ☐ Set Date (inspect on) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**N.J.A.C. 5:23-2.18(c) Notice for inspection**

**1. The owner or other responsible person in charge of work shall notify the enforcing agency, in writing, when the work is ready for any required inspection specified herein or required by the construction official or appropriate subcode official. This notice shall be given at least 24 hours prior to the time the inspection is desired. This notice shall represent an attestation on the part of the owner, other than single-family owner-occupants performing their own work, or other responsible person in charge of work, that the work has been completed in conformance with the code and is ready for inspection. The request shall be considered received on the next business day after it was sent if the request was sent outside of normal business hours.**

By signing this below, the agent/owner is attesting the requested inspection is ready for inspection.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Office use only:

Date Received:

Received by:

Scheduled Inspection Date:

\_\_\_\_\_