



# City of Daphne Site Inspection



OWNER/BUILDER:	CONTACT:	TIME:
PERMIT #	LOT/UNIT:	SUBDIVISION:
ADDRESS:	PHONE:	WATERSHED:
PERMIT TYPE: <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	_____ Complaint Received <input type="checkbox"/>	

**DATE:** \_\_\_\_\_ **ROUTINE INSPECTION** **Photos Taken: Yes No**

MARK : "I" = NEEDS IMPROVEMENT "U" = UN-SATISFACTORY "N" = NOT APPLICABLE "E" = NOT EVALUATED

\_\_\_ BMPs Implemented \_\_\_ BMPs Maintained \_\_\_ Trash/Construction Debris Containment

\_\_\_ Onsite Erosion \_\_\_ Offsite Sedimentation \_\_\_ Permanent Stabilization

OBSERVATIONS/COMMENTS:

---



---



---

**DATE:** \_\_\_\_\_ **FOLLOW-UP INSPECTION** **Photos Taken: Yes No**

MARK : "I" = NEEDS IMPROVEMENT "U" = UN-SATISFACTORY "N" = NOT APPLICABLE "E" = NOT EVALUATED

\_\_\_ BMPs Implemented \_\_\_ BMPs Maintained \_\_\_ Trash/Construction Debris Containment

\_\_\_ Onsite Erosion \_\_\_ Offsite Sedimentation \_\_\_ Permanent Stabilization

OBSERVATIONS/COMMENTS:

---



---



---

INSPECTOR (S):	PHONE: Building Insp. <b>251-621-3080</b>
----------------	--

TYPE OF NOTIFICATION: Phone Email Mail Site Meeting None-File Only **Stop Work**

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_ CONTACT/SIGNATURE: \_\_\_\_\_

TIME: \_\_\_\_\_ DATE: \_\_\_\_\_ CONTACT/SIGNATURE: \_\_\_\_\_

