

**ST JOHNS COUNTY UTILITY DEPARTMENT
2B - INSPECTION REQUEST FORM**

Applicant Name: _____

Date: _____

Company: _____

Phone: _____ Fax: _____

E-mail: _____

Project Information

Name of Project (as appears in the approved construction drawings) and Phase (if applicable):

Request Date and Time

1. Request Date and Time: _____

2. Request Date and Time: _____

Scheduled (to be determined by SJCUD)

1. Schedule Date and Time: _____

Type of Inspection being requested

- | | |
|---|---|
| <input type="checkbox"/> Wetwell Set | <input type="checkbox"/> Wet Tap Connection |
| <input type="checkbox"/> Junction Manhole Set | <input type="checkbox"/> Cut -in Connection |
| <input type="checkbox"/> Water / Sewer / Reuse Main Flushing (_____ ft, _____ material) | |
| <input type="checkbox"/> Water / Sewer / Reuse Main Pressure Test (_____ ft, _____ material) | |
| <input type="checkbox"/> Preliminary Walk-Through Inspection | <input type="checkbox"/> Pump Station Startup |
| <input type="checkbox"/> Walk-Through Inspection | <input type="checkbox"/> Other _____ |

Additional Information

- Submit this completed form to assigned inspector as follows:

<u>Name</u>	<u>email</u>	<u>Phone #</u>	<u>Mobile #</u>
Bo Reid	breid@sjcfl.us	904.209.2656	904.669.7478
George Furlipa	gfurlipa@sjcfl.us	904.209.2650	904.484.6450
Norman Fielder	nfielder@sjcfl.us	904.209.2605	904.669.0537

- All work is to be performed by underground utility contractor and must be scheduled at least 5 business days in advance with SJCUD. It is the engineer of record's responsibility to secure applicable FDEP permits in accordance with SJCUD permitting procedures.
- If the inspection cannot be executed at the scheduled time, the applicant must submit a new request. Please note that reapplying may require an additional 5 business days with SJCUD for rescheduling.

CONTRACTOR-Project Manager Name

ENGINEER-Project Manager Name

CONTRACTOR-Project Manager Signature

ENGINEER-Project Manager Signature