

CITY OF BAYOU LA BATRE

MECHANICAL INSPECTION RECORD

PERMIT NO: _____

DATE: _____

ADDRESS _____

MECH. CONTRACTOR: _____ /INSTALLATION: ___ COMMERCIAL, ___ RESIDENTIAL ___

NO. OF SYSTEMS AND SIZES: _____

CHECK ONE:

___ NEW CONSTRUCTION
___ REPAIRS TO SYSTEM

___ CHANGE OUT
___ MOBILE HOME

___ ADD-ON

___ DUCT EXTENSIONS

WHEN READY AND BUILDING OPEN FOR INSPECTION, CALL FOR INSPECTION OR NOTE ON CARE.

ROUGH-IN _____

FINAL _____

DUCT ONLY _____

FEE: _____

PROPERTY OWNER: _____

CONTRACTOR

REMARKS: _____
