



## Request for Inspection and/or Coordinated Occupancy Demonstration

Firestopping Inspection  Plumbing Inspection  Partial or Progress Inspection  Final Inspection

**(Note: for partial occupancies, include a plan drawing of indicating the specific area required.)**

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

FAP/Project Number: \_\_\_\_\_

(Project Name) \_\_\_\_\_

(Location) \_\_\_\_\_

The project team should allow adequate time between final review(s) and the required occupancy date to allow for: the review and acceptance of the final documentation by CCPO and our consultants; and/or the resolution of any outstanding issues by the project contractor/consultants.

For final inspections, this request confirms that a site review of the construction progress has been conducted by the design consultant(s) and contractor and that we have determined that construction has reached 100% of the total scope. On this basis, the undersigned request an inspection of the total completion of the work.

**Requested date/time of inspection:** \_\_\_\_\_  
Month / Day / Year / Time

Note: this request must be received by the CCPO at least **five (5) business days** prior to the required inspection date.

**Anticipated Date for Occupancy/Use of the project area or system:** \_\_\_\_\_  
Month / Day / Year / Time

\_\_\_\_\_  
Architect's or Professional Engineer's Name (Print)

\_\_\_\_\_  
Contractor's Project Manager's Name (Print)

\_\_\_\_\_  
Architect's or Professional Engineer's Signature

\_\_\_\_\_  
Contractor's Project Manager's Signature

\_\_\_\_\_  
Name of Architect's or Professional Engineer's Firm

\_\_\_\_\_  
Name of Contractor's Firm

\_\_\_\_\_  
Address

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Address

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Telephone

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Email Address

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Telephone

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