



## BOROUGH OF VICTORY GARDENS

337 SOUTH SALEM ST  
VICTORY GARDENS NJ 07801  
973-366-5312 FAX 973-366-9711  
INSPECTIONREQUEST@VICTORYGARDENSNJ.GOV

### Construction Permit Inspection Request

Permit #: \_\_\_\_\_ Property Owner Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Requestor Name and Email Address: \_\_\_\_\_

(Phone number only if no email access): \_\_\_\_\_

#### SUBCODE:

Building \_\_\_\_\_ Fire \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_ Mechanical \_\_\_\_\_

Inspection Type \_\_\_\_\_ (i.e., rough, framing, final)

Inspection Date(s) requested: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

(Please choose 3 dates and allow at least one business day to have this request processed)

**The inspection request must be confirmed by the Building Department Staff before it is added to the schedule.  
If you do not receive confirmation you are not on the schedule.**

*For Building Dept. only:*

*Date Scheduled and Confirmed by Building Department:*