



**COUNTY OF RIVERSIDE  
BUILDING AND SAFETY DEPARTMENT  
TRACT BUILDING INSPECTION REQUEST FORM**

**Fax: (951) 955-1806 Telephone: (951) 955-1800**

**Email: [BuildingDispatch@rivco.org](mailto:BuildingDispatch@rivco.org)**

**Sam Shahrouri  
Deputy Director of  
TLMA Building Official**

Inspection request date: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Permit Number/s: \_\_\_\_\_ Use attached form for this information and submit with this document.

Person requesting inspections: **(Print Name)** \_\_\_\_\_

I certify that the inspections requested have been verified by the person listed above and the inspections are ready to be conducted by the County of Riverside, requesting inspections to save spaces is not allowed, cancellations are not allowed for switching inspections.

Signature of person requesting inspection: \_\_\_\_\_

Relationship to project: \_\_\_\_\_

(Agent, Owner, Architect, Contractor, Engineer, Super Intendent)

Phone number with area code: \_\_\_\_\_ Email: \_\_\_\_\_

**In the case of extreme emergencies, cancellations may be allowed due to unforeseen circumstances. Cancellations must be submitted and approved by 11:00 am the day before.**

**Inspections request will not be accepted if less than 24 hrs. in advance.**

**Office use only below:**

**Approve: \_\_\_\_\_ Denied: \_\_\_\_\_ Counter service Technician: \_\_\_\_\_ Date: \_\_\_\_\_**



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**Deputy Director of**  
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Tract Name:		Tract Number:	
Developer:		City:	
Cross Streets:		Date Faxed:	
Received By:		Inspection Date Requested:	
Date:		Requested By:	
Time:		Telephone Number:	
<b><i>For Office Use Only</i></b>		Email:	
		Fax Number:	
Lot #	Building Permit Number	Requested Inspection Code (See Job Card)	
<b>REQUEST DENIED</b>			
Conditions	Transportation	Fire	Planning
Grading	MIT Fees	Supp Fees	Other
Date:	Confirmed Time:	Initials:	