

LCS DEPARTMENT OF FACILITIES & CONSTRUCTION  
Code Enforcement Office  
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## **INSPECTION REQUEST FORM**

The Building Permit MUST be displayed at the job site.  
A Copy of each Inspection Request MUST be on file at the JOB SITE

PERMIT #:

SCHOOL/FACILITY:

INSPECTION REQUEST INFORMATION			
DATE INSPECTION REQUEST SUBMITTED:			
<b><u>LIST DETAILED INFORMATION FOR LCS CODE ENFORCEMENT INSPECTION RECORDS</u></b>			
Specific Building/Location of Inspection:			
Area to Inspect:			
Person Requesting Inspection:		Superintendent's Initials:	
Company:		(Indicates ready for Inspection)	
Contact Person Phone Number:			
Date Requested for Inspection:		Time: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
LCS OFFICIAL USE ONLY			
Inspector:			
Date of Inspection:		Time: A.M. P.M.	
Inspection Outcome: ____ PASSED ____ FAILED			
<u>Deficiencies Noted:</u>			