Phone 508-696-0113 Fax 508-696-0103

TOWN OF WEST TISBURY
Inspection Request

Request Date _____ Map _____ Lot _____

Address _____

Owner _____

Builder/Installer _____

Contact Phone# _____

Type of Permit:

- ☐ Building
- ☐ Plumbing
- ☐ Wiring
- ☐ Smoke Detector
- ☐ Oil Burner
- ☐ Gas
- ☐ Septic
- ☐ Other _____

Permit # _____

Type of Inspection:

- ☐ Trench
- ☐ Foundation
- ☐ Slab
- ☐ Service
- ☐ Frame
- ☐ Rough
- ☐ Insulation
- ☐ Final
- ☐ Other _____

Inspection Date_____ Pass____ Rejected_____

Comments / Instructions for access to the building:

_____

_____

_____

Town Inspector Signature_____

Submit