SPECIAL INSEPCTION RECORD
CITY OF MIDVALE
Building Department

Inspection Agency: _____

Job Address: _____

Note: Each special inspector shall complete for each day's inspections. Post this card adjacent to the building permit. Weekly reports to be submitted by each special inspector's inspection agency.

Building Permit No.: _____
When attached to the permit, this card become part of the inspection record

INSPECTION TYPE	INSPECTOR	ID. NO	DATE	NOTES	TIME	
					ARRIVED	LEFT