



BOROUGH OF KENILWORTH

Construction Department

567 Boulevard, Kenilworth, NJ 07033
908-276-5802 FAX 276-7688

Office of
Anthony Monguso
Building Subcode/Construction Official
Tel. (908) 276-5802 Fax: 908-276-7688

PLEASE EMAIL FILLED OUT FORMS TO inspectionrequests@kenilworthnj.org

Construction Department Request for Inspection:

Work site location: _____ **Block:** _____ **Lot:** _____ **Qual:** _____

Permit Number: _____

Type of Project : _____ **Type of Inspection requested:** _____

Requested Inspection Type – Subcode (Required)

Building Fire Electrical Plumbing Mechanical

Requested Inspection Type:

<input type="radio"/> Rough	<input type="radio"/> Frame	<input type="radio"/> Backfill
<input type="radio"/> Footing	<input type="radio"/> Above Ceiling	<input type="radio"/> Pressure Test
<input type="radio"/> Foundation	<input type="radio"/> Slab	<input type="radio"/> Insulation
<input type="radio"/> Final	<input type="radio"/> Other	<input type="radio"/> TANK

Inspection Request Date(Required) _____

1st Alternate Inspection Request Date(Required) _____

2nd Alternate Inspection Request Date(Required) _____

Contact Name: _____ **Number:** _____

Email Address: _____

N.J.A.C. 5:23-2.1B(c) Notice for inspection:

1. The owner or other responsible person in charge of work shall notify the enforcing agency in writing, when the work is ready for any required inspection specified herein or required by the construction official or appropriate subcode official. This notice shall be given at least 24 hours prior to the time the inspection is desired. This notice shall represent an attestation on the part of the owner, other than single-family owner-occupants performing their own work, or other responsible person in charge of work, that the work has been completed in conformance with the code and is ready for inspection. The request shall be considered received on the next business day after it was sent if the request was sent outside of normal business hours.

By signing the below, the agent/owner is attesting that the requested inspection is ready for Inspection.

Name: _____ **Signature:** _____

Date: _____

Office Use Only:

Date Received: _____ **Received By:** _____ **Date Scheduled Inspection:** _____