



Model Home Inspection Request Form

Instructions: Complete and submit the inspection request form to planning@cityofpsl.com.

REINSPECTION: ____ YES ____ NO If YES, please call 772-873-6486 to pay the \$450.00 reinspection fee prior to inspection. Receipt No. _____
(Must be paid to Planning & Zoning Department prior to scheduling of reinspection.)

I. CONTRACTOR OR DEVELOPER TO COMPLETE:

- a. DATE FILED: _____ PERMIT NO.: _____
- b. ADDRESS OF MODEL HOME: _____
- c. LEGAL DESCRIPTION: LOT _____ BLOCK _____ SECTION _____
- d. COMPANY NAME: _____
- e. CONTRACTOR: _____
- f. CONTACT PERSON: _____
- g. CONTACT PERSON'S PHONE NUMBER: _____
- h. CONTACT PERSON'S FAX NO.: _____
- i. CONTACT PERSON'S EMAIL ADDRESS: _____

II. CITY STAFF TO COMPLETE:

PLANNER/REVIEWER (P&Z DEPT.) _____

DATE: _____ APPROVED _____ REJECTED: _____

COMMENTS: _____
