

Department of Public Affairs



CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
428-60TH STREET • ROOM 27
WEST NEW YORK, NJ 07093
TEL: (201) 295-5170 • FAX: (201) 295-9597

COSMO A. CIRILLO
COMMISSIONER

THOMAS O'MALLEY
CONSTRUCTION OFFICIAL
ZONING OFFICER

IMPORTANT INSPECTION INFORMATION

Upon receiving a building permit, it is your responsibility to call for all inspections, required on this project. If all inspections are not requested (including finals), **a fine will be issued** and all future applications will be denied until the permit is finalized, the fine paid and a certificate issued.

INSPECTION SEQUENCE:

1. Footings - building inspector
2. Slab inspection when needed - building inspector
3. Foundation location survey (**No foundation inspection until foundation location survey is submitted**)
4. Backfill/foundation - building inspector
5. Exterior sheathing - building inspector
6. Rough electric - electrical inspector
7. Rough plumbing – plumbing inspector
8. Rough fire (detector location / fireplace / sprinklers, etc.) – fire inspector
9. Framing– building inspector
10. Insulation – building inspector
11. Final electric – electrical inspector
12. Final plumbing – plumbing inspector
13. Final fire – fire inspector
14. Final building – building inspector
15. As-built plan (2 copies – from your architect) – and/or letter
16. As-built survey (2 copies)
17. Borough engineer final approval
18. Hudson County Soil Conservation / Hudson County Planning final approval
19. Completed application for Certificate of Occupancy

***IMPORTANT NOTICE: PER THE NJ DIVISION OF CONSUMER AFFAIRS RULE: NJAC 13:45A –
16.2(a)10.ii
FINAL PAYMENT TO THE CONTRACTOR IS NOT REQUIRED TO BE MADE BEFORE A FINAL
INSPECTION IS PERFORMED***

Department of Public Affairs



CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
428-60TH STREET • ROOM 27
WEST NEW YORK, NJ 07093
TEL: (201) 295-5170 • FAX: (201) 295-9597

COSMO A. CIRILLO
COMMISSIONER

THOMAS O'MALLEY
CONSTRUCTION OFFICIAL
ZONING OFFICER

CONSTRUCTION DEPARTMENT INSPECTION REQUEST

**MUST BE COMPLETED CORRECTLY AND IN ITS ENTIRETY OR REQUEST WILL BE
REJECTED**

TODAYS DATE: _____

DATE OF REQUESTED INSPECTION: _____

(MONDAY, WEDNESDAY OR FRIDAY ONLY)

PERMIT NUMBER: _____

ADDRESS: _____

UNIT NUMBER: _____

BUILDING: _____

ELECTRIC: _____

PLUMBING: _____

FIRE: _____

TYPE OF INSPECTION: _____

NAME AND CONTACT PHONE NUMBER: _____

SPECIAL INSTRUCTIONS _____
