

CHECKLIST FOR RESIDENTIAL CERTIFICATE OF OCCUPANCY

Building Permit #: _____

Site Address: _____

Contact Name: _____

Contact Phone # _____ Email Address _____

(For inspection results visit www.suffolkva.us)

Inspection/ Document	Status	Date Passed
Setback Inspection – Required for infield lots Zone (RL, RM, RLM, RC, RU) if lot is not in an approved subdivision	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Footing Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Plumbing Slab Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Building Slab Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Electrical Slab Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Foundation Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Sheathing Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
**Air Barrier Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
**Rough In – Mechanical	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
**Rough In - Electrical	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
**Rough In - Plumbing	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
**Rough In – Gas Pressure Test	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
**Framing Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Insulation Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Sewer and Water Inspection	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Plumbing Final	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Gas Final	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Mechanical Final	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Electrical Final	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Building Final	<input type="checkbox"/> Pass or <input type="checkbox"/> NA	
Proffers Paid	<input type="checkbox"/> Yes or <input type="checkbox"/> NA	
*Sewage and Operations Permit from Health Dept.	<input type="checkbox"/> Attached or <input type="checkbox"/> NA	
*Final Lot Grading Form	<input type="checkbox"/> Attached	
* Infill Lots Only - Survey to Scale	<input type="checkbox"/> Attached	
*Residential Statement of Compliance for Duct Sealing and Air Tightness	<input type="checkbox"/> Attached	
<i>Please allow up to 5 working days for the issuance of the Certificate of Occupancy</i>		

****No insulation is to be installed until all the trade rough-in, framing and air barrier inspections have passed. ****