

CO CHECKLIST

DATE REC: _____
ADDRESS: _____
BLDG PERMIT #: _____
SUBDIVISION: _____
EMAIL: _____
PHONE: _____
NAME: _____

****Email CDDApplication@SuffolkVa.us to request CO****

STATUS	INSPECTION/DOCUMENT	DATE PASSED
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	SETBACK INSPECT - INFILL ZONES (RL, RM, RLM, RC,RU)	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	FOOTING	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	PLUMBING SLAB	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	BUILDING SLAB	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	ELECTRICAL SLAB	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	FOUNDATION	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	SHEATHING	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	AIR BARRIER	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	MEC - ROUGH IN	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	ELE - ROUGH IN	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	PLM - ROUGH IN	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	GPT	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	FRAMING	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	INSULATION	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	SEWER	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	WATER	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	PLM - FINAL	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	GAS FINAL	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	MEC - FINAL	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	ELE - FINAL	
<input type="checkbox"/> PASS or <input type="checkbox"/> N/A	BLD -FINAL	
<input type="checkbox"/> YES or <input type="checkbox"/> NO	LOT GRADING	
<input type="checkbox"/> YES or <input type="checkbox"/> N/A	SEWAGE & OPERATIONS	
<input type="checkbox"/> YES or <input type="checkbox"/> N/A	SURVEY - INFILL LOT ONLY	
<input type="checkbox"/> YES or <input type="checkbox"/> N/A	ZONING APPROVAL - INFILL LOT ONLY	
<input type="checkbox"/> YES or <input type="checkbox"/> NO	DUCT REPORT	
<input type="checkbox"/> PAID or <input type="checkbox"/> N/A	PROFFERS	

SENT TO BO: _____

MISSING ITEMS:

COMPLETED/EMAILED: _____

1. _____
2. _____
3. _____
4. _____
5. _____