



**Borough of Hightstown  
CONSTRUCTION DEPARTMENT**

156 Bank Street, Hightstown, NJ 08520  
(609) 490-5100 Ext 617  
[www.hightstownborough.com](http://www.hightstownborough.com)

**CONSTRUCTION PERMIT INSPECTION REQUEST**

You may email this completed form to [Inspections@HightstownBorough.com](mailto:Inspections@HightstownBorough.com), or drop it off in person.

**REFER TO YOUR "REQUIRED INSPECTION CHECKLIST" FOR PROJECTS WHICH, BY THEIR NATURE, REQUIRE MORE THAN A FINAL INSPECTION TO CANCEL A SCHEDULED INSPECTION PLEASE INDICATE ACCORDINGLY.**

As the Owner/Contractor/Responsible Agent as listed on an issued Permit, and as listed below, I understand that inspection requests are to comply with the New Jersey Uniform Construction Code N.J.A.C.5:23-2.18(c) and 5:23-416. This notice shall represent an attestation that the work has been completed in conformance with the Code and is ready for inspection. I further agree that work shall not proceed in a manner which will preclude the inspection(s) until it has been made.

1. Provide the Permit number, project address, and property owner's name.
2. Select the applicable Subcode(s) and indicate the inspection type you are requesting.
3. Indicate the inspection date requested. AM or PM requests can be written with date, but are not guaranteed.
4. The inspection request must be confirmed by Building Department staff before it is added to the schedule.

PERMIT #: \_\_\_\_\_ PROPERTY OWNER NAME: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

REQUESTOR NAME & TITLE: \_\_\_\_\_

REQUEST TYPE: NEW  RESCHEDULE  CANCELLATION  REASON FOR CANCELLING

SUBCODE: BUILDING  ELECTRIC  PLUMBING  FIRE  MECHANICAL

INSPECTION TYPE: \_\_\_\_\_

INSPECTION DATE REQUESTED: \_\_\_\_\_

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\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Date Received: \_\_\_\_\_

Date Scheduled & Confirmed by Construction Office: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Schedule Reinspection? YES  NO