



Residential New Construction Inspection Report

Development Name: _____	Builder: _____	Inspection Date: _____
Project Address: _____	City: _____	State: <u> NJ </u> Zip: _____
Rater Company: _____		Model: _____ (Optional)

Type of Inspection:	Pre-Drywall	Final	Inspection Number: _____
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Inspection Result:

Pass - This unit meets all necessary requirements. Any issues listed below are not required to be corrected.

Pass Pending Builder Verification - All issues listed below will need to be corrected and documented. If the builder verified option is being used, the corresponding check list must be properly filled out and a builder representative must acknowledge that these issues have been corrected by signing the checklist.

Re-Inspection Pass - All issues from previous inspection(s) have been corrected.

Fail - This unit fails to meet all necessary requirements; re-inspection is required. See issues, below.

Issue 1: _____
Location: _____
Notes: _____

Issue 2: _____
Location: _____
Notes: _____

Issue 3: _____
Location: _____
Notes: _____

Issue 4: _____
Location: _____
Notes: _____

Issue 5: _____
Location: _____
Notes: _____

*** If the above table is full, please check the reverse of this page for additional issues.**

Field Inspector or Rater Name: _____ Signature: _____