



CITY OF HEMET DEPARTMENT OF LIFE SAFETY

Application for Non-Construction Inspection

Property Address:		Date:
Assessor Parcel Number:		Lot Number:
Type of Inspection Requested:		
<input type="checkbox"/> Special Housing Inspection		
<input type="checkbox"/> Utility Release ____ Gas ____ Electrical		
<input type="checkbox"/> Other:		
Construction Type: <input type="checkbox"/> SFR <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family: ____ # Units <input type="checkbox"/> Commercial		
Property Owner:		Applicant:
Address:		Address:
City:	State:	Zip:
City:	State:	Zip:
Telephone: () -		Telephone: () -
Contact Person:		Telephone: () - Email:
By my signature below, I certify to each of the following: I am the property owner or authorized to act on the property's behalf. I have read this application and the information I provided is correct. I agree to comply with all applicable city and county ordinances and state laws relating to building construction. I authorize representatives of this city or county to enter the above-identified property for inspection purposes.		
Property Owner/or Authorized Agent Signature: _____		Date: _____