



**TOWN OF TRURO**  
Building Department  
24 Town Hall Rd  
Truro, MA 02666

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## REQUEST FOR PLUMBING/GAS INSPECTION

DATE: \_\_\_\_\_

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

OWNER: \_\_\_\_\_

JOB LOCATION: \_\_\_\_\_

PLUMBER/GAS FITTER: \_\_\_\_\_

INSPECTION TYPE REQUESTED:  PLUMBING  GAS

PERMIT NUMBER(S): \_\_\_\_\_

- ROUGH
- SUBFLOOR
- FINAL
- TANK
- OTHER \_\_\_\_\_

- SOMEONE WILL BE PRESENT
- NO ONE HOME BUT OK TO ENTER
- IF LOCKED, LOCATION OF KEY \_\_\_\_\_

PLUMBER/GAS FITTER CONTACT PHONE NUMBER:

PLEASE NOTE: Failure to complete this form may result in delayed inspection. It is the responsibility of the plumber/gas fitter to arrange for the inspection. WE DO NOT CONTACT THE HOMEOWNER. Email Form to: [lbudnick@truro-ma.gov](mailto:lbudnick@truro-ma.gov); to schedule an inspection!