



TOWN OF TRURO

Building Department
24 Town Hall Rd
Truro, MA 02666

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; nbates@truro-ma.gov to schedule an inspection!