CITY OF NEWARK
BUILDING INSPECTION SCHEDULING REQUEST FORM
FOR THIS DATE: ________________________________

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>Building Address</th>
<th>Inspection Type</th>
<th>AM/PM</th>
<th>Notes (unit #, suite#)</th>
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Contact Name
______________________________________________________________
Contact Number
______________________________________________________________

THIS FORM IS TO BE FILLED OUT FOR **ONE DAY’S** INSPECTIONS ONLY
AND MUST INCLUDE **ALL** INSPECTIONS FOR THAT DAY.
**PARTIAL REQUESTS WILL NOT BE ACCEPTED**
REQUESTS SHALL BE SUBMITTED TO birequests@newark.org NO LATER THAN 4:00 P.M. THE PRIOR WORKING DAY.

PLEASE NOTE: The City of Newark offices are closed every other Friday