



BOROUGH of SOUTH RIVER

CONSTRUCTION OFFICE

48 Washington Street

South River, New Jersey 08882

www.southrivernj.org

INSPECTION REQUEST FORM

SUBMISSION DATE: _____ TIME: _____

PROJECT ADDRESS: _____

PERMIT NUMBER: _____

CONTACT PERSON NAME: _____

CONTACT PERSON EMAIL: _____

INSPECTION REQUEST DATE: _____

COMMENTS: _____

Requested Inspection Type (circle requested subcode and inspection type):

Subcode:

Building

Electrical

Fire

Plumbing

Mechanical

Type of inspection:

Rough

Footing

Foundation

Frame

Above Ceiling

Slab

Backfill

Insulation

Pressure Test

Final

Other: _____

Type of inspection:

If multiple inspections are being requested, please list them below:

Subcode:

Type of inspection:

All new Inspection Request Forms must be filed under the most current Construction Codes adopted by the New Jersey Department of Community Affairs (NJ DCA). For more information, view [NJ DCA Code and Regulations](#). All inspection requests must be in writing 5:23-2.18(c) at least 24 hours prior to the requested inspection date.

To submit request form:

- Deliver in person: 48 Washington St (8:30am- 4:30pm)
- Send via email: inspections@southrivernj.org (Form must be complete and emailed as an attachment)