



# THE DEVELOPMENT CONTROL AND PLANNING BOARD

P O Box 597  
Bladen Commercial Development  
Basseterre, St. Kitts

Phone: 869 465 2521 ext. 1070  
Fax: 869 465 5842  
Email: [phyplskb@caribsurf.com](mailto:phyplskb@caribsurf.com)

## INSPECTION REQUEST FORM

**REQUESTS ARE TO SUBMITTED TWO (2) DAYS PRIOR TO THE DATE INSPECTION IS REQUESTED**

### OWNER

Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Address \_\_\_\_\_

### CONTRACTOR OR PERSON MAKING REQUEST

Name \_\_\_\_\_ Contact No. \_\_\_\_\_

Address \_\_\_\_\_

### PROPERTY INFORMATION

Location \_\_\_\_\_

### TYPE OF INSPECTION (Please check the appropriate box)

- |  |   |
|--|---|
| <input type="checkbox"/> Site Works                              | <input type="checkbox"/> Suspended Floor Slab and Roughing Services |
| <input type="checkbox"/> Concrete Strip Footings                 | <input type="checkbox"/> Lintel Reinforcement (Upper Level)         |
| <input type="checkbox"/> Concrete Column Pad Footings            | <input type="checkbox"/> Ring Beam reinforcement (Upper Level)      |
| <input type="checkbox"/> Ground Floor Slab and Roughing Services | <input type="checkbox"/> Roof Installation                          |
| <input type="checkbox"/> Lintel Reinforcement (Lower Level)      | <input type="checkbox"/> Drainage and Sewage System                 |
| <input type="checkbox"/> Ring Beam reinforcement (Lower Level)   | <input type="checkbox"/> Final Inspections                          |
| <input type="checkbox"/> Other Inspections                       |   |

\_\_\_\_\_  
Signature of Person making request

\_\_\_\_\_  
Date of Inspection

### OFFICE USE ONLY

Application No.: \_\_\_\_\_

File No.: \_\_\_\_\_

DCPB Approval No.: \_\_\_\_\_

DCPB Approval Date: \_\_\_\_\_

Approved: Date \_\_\_\_\_

Building Insp. \_\_\_\_\_

Disapproved: Date \_\_\_\_\_

Building Insp. \_\_\_\_\_

Reasons for Disapproval: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Correction Required: Date \_\_\_\_\_ Building Insp. \_\_\_\_\_