



Builder Name: _____

PROGRAM: CODE COMPLIANCE ONLY ___ ENERGY STAR ___ EFL ___

Fax To: **Energy Sense 713-462-7313** Phone: **713-462-5631**

Supr: _____ Fax: _____ Phone: _____

Address: _____ City: _____ Zip _____

County: _____ CODE INSPECTION REQD: (Y) _____ (N) _____

Subdivision: _____ Section: _____ Orientation: _____

Plan#: _____ SQ FT: _____ Options: _____ #Stories _____

Insulator: _____ HVAC Contractor: _____

Code 1st Inspect On: ___/___/___ **Code Final on:** ___/___/___
(Insulation Installed, etc. Pre-Sheetrock) (Pipes Insulated, Manuals, etc. Pre-Occupancy)

Duct Test 4cfm/100 sf Inspect On: ___/___/___

Insulation / Thermal Bypass Ck On: ___/___/___
(ZERO TOLERANCE INSULATION INSTALLATION)

Blower Door Inspect On: ___/___/___ Closing Date ___/___/___
(Installation of carpet, weatherstrip, insulation, power on, air conditioning units complete)

This is a Reinspect Request

NOTE: Fax all Reinspection requests into the office.
Attach PO's when necessary for invoicing for ALL Inspection Requests.

Office use only:

DATE/TIME:	WILL INSPECT ON:	P/TD	REASON:

NOTE: Inspection requests must be in by NOON to get your inspection on the next days' schedule. ONLY ONE INSPECTION REQUEST PER FORM, PLEASE. Attach PO's when required for invoice payment.