

SPECIAL INSPECTOR'S CORRECTION NOTICE

Project Name: _____ Project Number: _____

Project Address: _____ Insp/Agency Name: _____

Continuous

Periodic

Time Inspection Began _____

Time Inspection Ended _____

List items requiring correction, including previously listed uncorrected items:

Comments: _____

Signed: _____ Date: _____

Print Full Name: _____ I.D. Number: _____

Note: This report is to remain at the job site with the contractor for review by the City of Palm Desert's Building Inspector when requested.