



ST JOHNS COUNTY UTILITY DEPARTMENT

INSPECTION REQUEST FORM

Applicant Name: _____

Date: _____

Company: _____

Phone: _____ Fax: _____ E-mail: _____

Project Information

Name of Project (as appears in the approved construction drawings) and Phase (if applicable):

Request Date and Time

1. Request Date and Time: _____

2. Request Date and Time: _____

Scheduled (to be determined by SJCUD)

1. Schedule Date and Time: _____

Type of Inspection being requested

- Wet Tap Connection
- Cut -in Connection
- Water Main or Sewer Main or Reuse Main Flushing (___ ft, ___ material)
- Water Main or Sewer Main or Reuse Main Pressure Test (___ ft, ___ material)
- Walk-Through Inspection
- Other _____

Additional Information

- Submit this completed form to assigned inspector as follows:
Bo Reid: breid@sjcfl.us or fax 904-209-2657 (if questions, call 904-209-2656)
George Furlipa: gfulripa@sjcfl.us or fax 904-209-2651 (if questions, call 904-209-2650)
Norman Fielder: nfielder@sjcfl.us or fax 904-209-2606 (if questions, call 904-209-2605)
- All work is to be performed by underground utility contractor and must be scheduled at least 5 days in advance with SJCUD. It is the engineer of record's responsibility to secure applicable FDEP permits in accordance with SJCUD permitting procedures.
- If the inspection cannot be executed at the scheduled time, the applicant must submit a new request. Please note that reapplying may require an additional 5 days with SJCUD for rescheduling.