



**City of Coral Gables
Development Services Department**

**INSPECTION REQUEST BY FAX
Fax # (305) 460-5261**

Please print all the required information below:

Date: _____

Name of person requesting inspection: _____

Phone number of person requesting inspection: _____

Permit or Application number: _____
(You must include BL, EL, ME, PL, or ZN if the permit was issued under the new system)

Site address: _____

Inspection(s) Requested:

1) _____

2) _____

3) _____

4) _____

5) _____

PLEASE NOTE:

- Inspections requested between 7:30 AM – 3:00 PM will be processed the same day and scheduled for the following business day. Any inspection request received after 3:00 PM **WILL NOT** be processed until the next business day and scheduled for the day after.
- All insurances and licenses must be current before requesting an inspection.
- If you are faxing an inspection request please **do not** call for the same inspection through our telephone line.
- Inspections will not be scheduled for AB, RV or SD permit numbers.