



MECKLENBURG COUNTY
Land Use and Environmental Services Agency
Code Enforcement

PRE-INSPECTION FORM

INSPECTION PASS-RATE INCENTIVES PROGRAM

Date: _____

Project Information:

Street Address: _____

Building Permit # _____

Inspection type (framing, rough, etc) _____

Date of Failed Inspection _____

Builder / General Contractor

Company Name: _____

Address: _____

Phone Number: () _____

Pre-Inspection Performed By: (Check one)

- Contractor License Holder (Qualifier) Licensed Professional (Architect or Engineer) NC Certified Code Official

Name: _____

License/Certificate #: _____

Address: _____

Phone Number: () _____

In accordance with the Pass-Rate Incentive Program, I have personally performed an on-site visit and hereby verify that the work previously failed, as identified above, is ready for re-inspection by Mecklenburg County Code Enforcement.

Signature (Seal if licensed professional engineer)