



Township of Hillsborough

COUNTY OF SOMERSET
THE PETER J. BIONDI BUILDING
379 SOUTH BRANCH ROAD
HILLSBOROUGH, NJ 08844
(908) 369-4313
www.hillsboroughnj.gov

BUILDING DEPARTMENT
JOHN FIEDLER - CONSTRUCTION OFFICIAL EXT. 7211

Construction Permit Inspection Request 1/7/25

You may email this completed form to: buildingdeptinspections@hillsboroughnj.gov

REFER TO YOUR "REQUIRED INSPECTION CHECKLIST" FOR PROJECTS WHICH, BY THEIR NATURE, REQUIRE MORE THAN A FINAL INSPECTION TO CANCEL A SCHEDULED INSPECTION PLEASE INDICATE ACCORDINGLY

As the *Owner/Contractor/Responsible Agent as listed on an issued Permit, and as listed below, I understand that inspection requests are to comply with the New Jersey Uniform Construction Code N.J.A.C. 5:23-2.18(c) and 5:23-4.16. This notice shall represent an attestation that the work has been completed in conformance with the Code and is ready for inspection. I further agree that work shall not proceed in a manner which will preclude the inspection(s) until it has been made.

1. Provide the Permit number, project address, and property owner's name.
2. Select the applicable Subcode(s) and indicate the inspection type you are requesting.
3. Indicate the inspection date requested. AM or PM requests can be written with date, but are not guaranteed.
4. The inspection request must be confirmed by Building Department staff before it is added to the schedule.

Permit #: _____ Property Owner Name: _____

Job Site Address: _____

Requestor Name & *Title: _____

Request Type: New ___ Cancellation ___ Reason for Canceling _____

SUBCODE: Building _____ Fire _____ Electrical _____ Plumbing _____ Mechanical _____

INSPECTION TYPE: _____

INSPECTION DATE REQUESTED: _____

(PLEASE ALLOW AT LEAST ONE BUSINESS DAY TO HAVE THIS REQUEST PROCESSED)

DATE SCHEDULED AND CONFIRMED BY BUILDING DEPT: _____