



Forsyth County Third Party Inspector Report
E-Mail – Inspectionschedules@forsythco.com

Date of Inspection: _____ Time of Inspection: _____

Name of Principal Engineer: _____

Name of Inspector: _____

Company Name: _____

Company Phone: _____

Job Site Information

Building Permit #: _____ Subdivision/Project Name: _____

Site Address: _____

Phase/Unit/Suite: _____ Lot: _____ Builder Name: _____

Permit Contact Person (Required): _____

Permit Contact Phone (Required): _____

Permit Contact E-mail (Required): _____

___ The above-name company has verified with the Forsyth County Building & Economic Development Department that there are no “holds” of any kind, requirements for “house location plans” or other stipulations that would prevent an inspection:

___ Construction does not encroach on either the minimum required building setback distance from property line, stream buffer per state and local requirements, or any utility/storm easement as determined by resources available to the inspector including but not limited to a survey prepared by: (If a survey is referenced, provide a copy)

(Printed name of surveyor and/or field measurements.) _____ Date

(Printed name of permit holder or other as applicable.) _____ Date

Type of inspection (describe): _____

Inspection Results:

- Passed
- Partial Passed
- Failed (**Report required to be attached**)
- Contact Forsyth County Inspections

Comments: _____

Complete documentation shall be attached for all field corrections.

Inspector's Printed Name

Inspector's Signature