

REGISTERED DEPUTY INSPECTOR FAX NOTIFICATION FORM



After completing this form please fax to: **213/482-6838** or **482-6839** (Call 311 for questions and concerns)

Date	Job Address	Permit #
		_____ - _____ - _____

Registered Deputy Inspector Name / Signature	Deputy License #	Deputy Phone #
/		

Date(s) of Inspection	Type of Inspection - (Specify) (Steel/Welding, Concrete, Masonry, Grading, Fireproofing, Methane Barrier, DIA, Shotcrete, Pre-Stress, Other)	Comments *(Specify here if this is a cancellation of a previous notification, or if you would like a "brief" comment to be given to the LADBS Inspector

1. This Notification **must be received prior to 3:30 pm** on working days for inspections to be inputted for the next working day.
2. **Notifications made after 3:30 pm will be scheduled for the following working day.**
3. This Notification form may be used for up to 5 working days.
4. A **separate** notification is required when working on Weekends or Holidays.
5. *This form may also be used for **cancelling** previous notifications.