SEISMIC GAS SHUTOFF VALVE INSPECTION REQUEST FORM

CITY LA DBS
DEPARTMENT OF BUILDING AND SAFETY

After completing this form, please fax it to (213) 482-0303
Requests received prior to **1:00 p.m.** will be scheduled for the next workday.

Todays Date:	Contractor Name:	Phone #:	Cell #:

PERMIT NUMBER	Address Including Lot/Unit Number	Requested Inspection Date MUST BE WITHIN 3 DAYS	Call Back Phone Number	Name of Contact Person
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This form is to be used when requesting four (4) or more inspections on seismic gas shut off valves only. Use of this form for other than seismic gas shutoff valves may result in an inspection not being scheduled. To schedule fewer than four (4) inspections please call 888-LA4BUILD.