



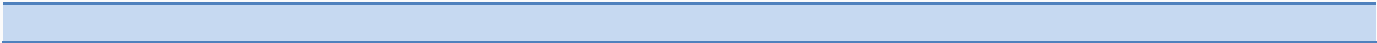
INFORMAL INTERNAL REVIEW PROCESS FORM



(To be filled in by Applicant)

Applicant:	_____	Date:	_____
Applicant's Address:	_____	Permit Number:	_____
City/State:	_____	Job Address:	_____
Zip Code:	_____	Telephone No.:	_____
Email:	_____		
Date of Inspection:	_____	Name of Inspector:	_____

Inspection Report by Department's Inspector in Questions:



(To be filled in by Inspections Staff)

Decision by CCC Supervisor:

_____	_____
CCC Supervisor's Name	Email

_____	_____	_____
Phone Number	Date of Review	Date Sent to Applicant

Revision Date: 11/19/2018