



# Township of Vernon

Telephone 973-764-4055

21 Church Street  
Vernon, New Jersey 07462

www.vernontwp.com

BUILDING DEPARTMENT  
PAUL BLACK – CONSTRUCTION OFFICIAL

**PLEASE COMPLETE THE FOLLOWING FORM OR YOU CAN SCHEDULE THE  
INSPECTION BY USING OUR PORTAL  
[WWW.SDLPORTAL.COM](http://WWW.SDLPORTAL.COM)**

**CONSTRUCTION PERMIT INSPECTION REQUEST**

As the Owner/Contractor/Responsible Agent, with an open permit at this property, I understand that under the Uniform Construction Code Regulations, inspections are required to take place within three business days of the time for which it was requested. By submitting this inspection request, I agree and acknowledge that there may be times when the Local Enforcing Agency cannot meet that requirement, due to unforeseen circumstances, such as but not limited to; sickness, workload and foul weather. 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.

***The following information is required, your request WILL NOT be processed without this information.***

1. Provide the permit number, project address and property owner's name.
2. Select the applicable Subcodes and indicate the inspection type you are requesting.
3. Indicate the inspection dates you are requesting.
4. The inspection request will be confirmed by the Building Department Staff via email.

Permit #: \_\_\_\_\_ Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Requestor: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

SUBCODE:

BUILDING \_\_\_\_\_ ELECTRIC \_\_\_\_\_ PLUMBING \_\_\_\_\_ FIRE \_\_\_\_\_ MECHANICAL \_\_\_\_\_

INSPECTION TYPE: \_\_\_\_\_

DATE: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ (please choose 3 dates, date will be confirmed via email)

DATE SCHEDULED AND CONFIRMED BY: \_\_\_\_\_