



**DURHAM CITY/COUNTY INSPECTION DEPARTMENT**  
 101 City Hall Plaza, Ground Floor, Suite 400, Durham NC, 27701  
 Phone: (919) 560-4144  
 FAX: (919) 560-4484  
 www.durhamnc.gov



**INFORMAL INTERNAL REVIEW PROCESS FORM**

SOP 146  
 NOVEMBER, 2017

(To be filled in by Applicant)

APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ JOB ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ TEL. NO.: \_\_\_\_\_ TRADE:  BUILDING  ELECTRICAL  
 PLUMBING  MECHANICAL

EMAIL: \_\_\_\_\_ TYPE OF INSPECTION: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_ NAME OF INSPECTOR: \_\_\_\_\_

**Inspection Report by Department's Inspector in Question:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(To be filled in by Inspections Department Staff)

**Decision by Chief or Field Supervisor:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Chief or Field Supervisor's Name \_\_\_\_\_  
 Email

\_\_\_\_\_  
 Phone Number \_\_\_\_\_ \_\_\_\_\_  
 Date of Review \_\_\_\_\_ \_\_\_\_\_  
 Date Sent to Applicant