

**Please retain this form with your records.**

Village of Warwick Building Department  
(845) 986-2031 Ext. 107  
building@villageofwarwick.org

Address \_\_\_\_\_

**Inspections required**

Inspections must be scheduled (phone or email) a minimum of 24 hours in advance.

A certificate of occupancy will not be issued unless the following inspections are scheduled by the applicant and performed by the Code Enforcement Official. No two inspections can be combined:

Pre-permit site inspection Date of Inspection \_\_\_\_\_

Footing form inspection Date of Inspection \_\_\_\_\_

Foundation wall inspection Date of Inspection \_\_\_\_\_

Foundation waterproofing inspection Date of Inspection \_\_\_\_\_

Footing drain inspection Date of Inspection \_\_\_\_\_

Water and Sewer service inspection Date of Inspection \_\_\_\_\_

1. Both lines must be visible in approved trenches
2. Water service and the building sewer shall be separated by 5 feet of undisturbed earth
3. Water service must be under municipal pressure
4. Water service line must be 42 inches below grade

Pre-slab inspection (gravel, plastic, and wire mesh) Date of Inspection \_\_\_\_\_

Framing inspection to include sheathing (exterior) Date of Inspection \_\_\_\_\_

Roofing inspection Date of Inspection \_\_\_\_\_

1. Weather shield 2 foot above the winter warm side of the exterior wall

Gas line inspection Date of Inspection \_\_\_\_\_

1. Tested at no less than 1 ½ times the proposed maximum working pressure but not less than 3 psig. Test duration shall be not less than ½ hour for each 500 cubic feet of pipe volume.

Electric rough (performed by a third party) Date of Inspection \_\_\_\_\_

Plumbing rough Date of Inspection \_\_\_\_\_

2. Water checked under pressure (Not less than 50 PSI or municipal pressure)
3. Waste and Venting (checked at 5 PSI for 15 minutes or water gravity test)

Fire inspection (fire stopping and fire caulk) Date of Inspection \_\_\_\_\_

Insulation inspection Date of Inspection \_\_\_\_\_

Sheetrock inspection (prior to taping and spackling) Date of Inspection \_\_\_\_\_

Final electrical inspection (performed by a third party) Date of Inspection \_\_\_\_\_

Final inspection Date of Inspection \_\_\_\_\_

**Please retain this form to keep track of your inspections**