



INSPECTION REQUEST

FAX NO.: (951) 826-2460

OR

E-MAIL Address: pwinspection@riversideca.gov

INSPECTION REQUESTS MUST BE RECEIVED TWO (2) WORKING DAYS PRIOR TO THE DATE THE INSPECTION IS NEEDED*

In order for us to provide you with better service, please FAX your Inspection request to (951) 826-2460 or E-Mail your request to:
pwinspection@riversideca.gov.

The following information is pertinent to receiving the requested inspection.

Permit No.: _____

*Inspection Date / Time: _____

Type of Inspection: _____

Location / Address: _____

Cross Street: _____

Contractor and/or Sub: _____

Contact Person: _____

Phone No. / Cell No.: _____

PLEASE KEEP IN MIND THAT IF THE SITE IS NOT READY FOR THE REQUESTED INSPECTION TYPE, YOU MUST SUBMIT ANOTHER INSPECTION REQUEST FORM FOR RE-INSPECTION.

NOTICE: For excavations 5 feet or deeper – you must obtain a CAL/OSHA Permit. (Section C341 (a) (1) California Code of Regulations). Address: 464 West 4th Street, San Bernardino, CA 92401. Phone No.: (909) 383-4567. Permit must be available at job site.

PUBLIC WORKS DEPARTMENT
ENGINEERING DIVISION
3900 MAIN STREET • RIVERSIDE, CA • 92522
Fax: (951) 826-2460 • Phone: (951) 826-5341