



Third Party & Special Inspection Request

BUILDER / INSPECTOR INFORMATION		
Builder / Contractor:		
Contact Name:		
Email:	Phone #	
Inspector (company and individual):		
Contact Name:		
Email:	Phone #	

INSPECTION REQUEST INFORMATION	
Building Permit #	
Address	
Type of Inspection Requested	
Reason for Inspection Request	
Inspection Date/Time	

Applicant Signature: _____ Date: _____

REQUESTS SHALL BE SENT ELECTRONICALLY TO MIKE FLICKINGER, PLANS EXAMINER, AT MFlickinger@gardnerkansas.gov AT LEAST 1 FULL BUSINESS DAY PRIOR TO CONDUCTING THE INSPECTION.

STAFF APPROVAL

City Staff Signature: _____ Date: _____

Additional Notes: