KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

INSPECTION REPORT

PERMIT NUMBER:	BP-14-00441	**OWNER'S NAME:**	MICKEL
DATE:	1/23/2015	**TYPE:**	Plumbing
TIME STARTED:	10:40 AM	**INSPECTOR:**	Amber Green
MAP NUMBER:	20-16-11000-0004		

	1. DWV OK. 5#/15 Min.
	2. H2O Supply OK. 50#/15 Min.

INSTRUCTIONS: Spoke with owner regarding egress requirement at sleeping room and crawl access requirements.

NEXT INSPECTION: Framing/Mechanical

RE-INSPECTION FEE DUE? ☑ **NO** ☐ **YES** **$ _____**

IF REQUIRED, RE-INSPECTION FEES MUST BE PAID PRIOR TO SCHEDULING A RE-INSPECTION

QUESTIONS? PLEASE CONTACT THE INSPECTOR AT THE FOLLOWING E-MAIL ADDRESS:

_____amber.green **@co.kittitas.wa.us**