



INSPECTION GUIDELINES

INSPECTIONS OVERVIEW

As listed in the NC Building Code, certain inspections are required throughout the course of a construction project. Inspections can be requested in person at Town Hall, calling Town Hall at (828) 387-4236, or by emailing an inspector. The following list includes the most common required inspections, but more may be required depending on the scope of the project. During an inspection, an inspector will look to ensure that work performed meets applicable NC Building Codes, as well as any Town Ordinances. Failure to comply with the proper Codes can delay or lengthen your building project. Additionally, violations of the Town Ordinances can result in stop work orders and potential fines. For any questions, please do not hesitate to contact the Department of Planning and Inspections at (828) 387-4236 or find more information at www.townofbeechmountain.com.

GENERALLY REQUIRED INSPECTIONS	DATE OF INSPECTION		DATE OF INSPECTION
<input type="checkbox"/> Preconstruction Conference	_____	<input type="checkbox"/> Rough In	
<input type="checkbox"/> Footings		<input type="checkbox"/> Framing	_____
<input type="checkbox"/> Building	_____	<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Deck	_____	<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Slabs		<input type="checkbox"/> Mechanical/HVAC	_____
<input type="checkbox"/> Garage	_____	<input type="checkbox"/> Fuel/Gas	_____
<input type="checkbox"/> Building	_____	<input type="checkbox"/> Insulation	_____
<input type="checkbox"/> Foundations		<input type="checkbox"/> Building Envelope	
<input type="checkbox"/> Wall Pour	_____	<input type="checkbox"/> Windows/Doors	_____
<input type="checkbox"/> Waterproofing/Drainage	_____	<input type="checkbox"/> Siding	_____
<input type="checkbox"/> Anchorage of Sill Plates	_____	<input type="checkbox"/> Roofing	_____
<input type="checkbox"/> Termite Treatment	_____	<input type="checkbox"/> Final Inspection	
<input type="checkbox"/> Temporary Power Pole	_____	<input type="checkbox"/> Electrical	_____
<input type="checkbox"/> Firebox/Chimney Throat	_____	<input type="checkbox"/> Plumbing	_____
<input type="checkbox"/> Floor System	_____	<input type="checkbox"/> Mechanical/HVAC	_____
<input type="checkbox"/> Log Course		<input type="checkbox"/> Fuel/Gas	_____
<input type="checkbox"/> First Course	_____	<input type="checkbox"/> Deck	_____
<input type="checkbox"/> Mid Course	_____	<input type="checkbox"/> Fire Safety	_____
<input type="checkbox"/> High Winds Framing/Sheathing	_____	<input type="checkbox"/> Zoning	_____
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> Other: _____	_____
<input type="checkbox"/> Other: _____	_____	<input type="checkbox"/> Other: _____	_____

DATE RECEIVED	PERMIT NUMBER	APPROVAL INITIAL	COMMENTS/CONDITIONS
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