

Town of Fuquay-Varina Inspection Department

Internal Review of Code Interpretation

Name and contact information of person making request:

Name: _____ Email: _____

Address: _____ Phone: _____

Permit Information:

Permit Number: _____ Name of Permit Holder: _____

Address of Work: _____

Decision made during: _____ Plan Review _____ Field Inspection

Staff Member involved: _____ Date of Decision: _____

Please explain decision and justification for disagreement: _____

Submit Field Inspection Requests to divey@fuquay-varina.org

Submit Plan Review Requests to chinnant@fuquay-varina.org

Or submit in person at 401 Old Honeycutt Rd

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This section to be completed by staff only.

Results:

Action Taken:

Staff Member Assigned: _____ Date notified: _____

Staff Receiving Complaint: _____ Date: Received: _____