

Final Occupancy Inspection Checklist

Project Name:

Project Address:

Permit Number:

Owner / Applicant:

Date of Inspection:

Inspector:

Inspection Checklist

Item	Status	Remarks
All construction work is complete		
Fire exits are accessible and clear		
Electrical system is tested and approved		
Plumbing and sanitary works are functional		
Smoke detectors and alarms are functional		
Emergency lighting operational		
Access for disabled persons provided		
Signage and exit signs installed		
Waste disposal facilities provided		
Required documents submitted		
Site is free from debris and hazards		

Additional Notes

Inspector's Signature

Date: _____

Owner/Applicant's Signature

Date: _____