



CITY OF
MARATHON, FLORIDA
Building Department

9805 Overseas Hwy, Marathon, FL 33050
Phone (305) 743-0033 www.ci.marathon.fl.us

Inspection Report

Form C.2

At the completion of EACH inspection, the Private Provider shall:

- Post each completed inspection record on the Permit Card posted on site indicating pass or fail.
- The Private Provider shall also provide the record on this form to the local building official within two (2) business days. The original certified inspection must be hand delivered, mailed, or emailed to inspections@ci.marathon.fl.us; faxes are not acceptable.

These inspection records shall reflect those inspections required by the applicable codes of each phase of construction for which permitting by the building department is required.

Project Number: _____ Permit Type: _____

Site Address: _____

Site RE#: _____

Owner Name: _____

Contractor: _____

Private Provider: _____

Inspector License #: _____ Inspection Date: _____

Inspector Phone #: _____ Inspector Email: _____

Check if Preliminary Certificate of Elevation will be required within 21 days of this passed inspection. For new construction or elevated additions, upon approval of the inspection which establishes the lowest floor elevation in AE flood zones or the bottom of the lowest horizontal structural member in VE zones. NO FURTHER INSPECTIONS WILL BE ALLOWED TO BE SCHEDULED after 21 days unless a Preliminary Certificate of Elevation has been received and approved by the Planning Department.

Type of Inspection: _____

Inspection Results:

- Passed Failed Incomplete Cancelled

I hereby certify that the above-referenced inspection has been completed in conformance with the approved plans and the applicable codes.

Inspector Name (Please Print)

Inspector Signature

Date