



PROJECT CONTACT INFORMATION

JOB ADDRESS _____

PERMIT NO. _____ INSPECTOR _____

PROJECT SUPERINTENDENT COMPANY: _____

NAME: _____

PHONE: _____

PROJECT MANAGER

NAME: _____

PHONE: _____

OWNER OR OWNERS REPRESENTATIVE

NAME: _____

PHONE: _____

24 HOUR EMERGENCY CONTACT

NAME: _____

PHONE: _____

CONSTRUCTION SITE SECURITY NOTIFICATION

(applies to residential development of 25 or more units, non-res. Development of 50,000 or more sf)

_____ This project is subject to property identification requirements per Construction Site Security Plan requirements of IMC section 5-9-521.C.3.d

(Building Inspector to initial if statement is true)

Distribution: Inspection team supervisor; permit specialist; Crime Prevention via fax if statement initialed. 724-7154; project file.