



**CITY OF STUART, FLORIDA
BUILDING DIVISION
AFTER THE FACT AND MISSED INSPECTION FORM**

Received By: _____

Application must be typed or printed legibly in ink. Complete all relevant fields.

Permit Number: _____

Date of Inspection: _____

Address: _____

Specific Items Inspected: _____

Inspection or testing method/equipment used to determine compliance: _____

Statement providing FBC Section and plan detail followed: _____

Name and License number of person performing the inspection: _____

Seal of Architect or Engineer: _____

Submittal Email: Permit_Submittal@ci.stuart.fl.us