# City of Fayetteville
# Inspections 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 and Plan Review requests to Jason Everage – jeverage@ci.fay.nc.us

**OR Submit in person at 433 Hay Street**

**This section is to be completed by staff only.**

Results: _____

_____

Actions Taken: _____

_____

Staff member assigned: _____ Requestor notified of results: _____

Staff Receiving Complaint: _____ Date: _____