



Planning & Development Services
 112 Goldsboro Street E, Wilson, NC 27893
 PO Box 10, Wilson, NC 27894-0010
 (252) 399-2219/2220
www.wilsonNC.org

INFORMAL INTERNAL REVIEW PROCESS FORM*

(TO BE FILLED IN BY APPLICANT)

APPLICANT: _____	DATE: _____
APPLICANT'S ADDRESS: _____	PERMIT NUMBER: _____
CITY: _____ STATE: _____	JOB ADDRESS: _____
ZIP CODE: _____ PHONE #: _____	EMAIL: _____
TRADE: <input type="checkbox"/> BUILDING	TYPE OF INSPECTION: _____
<input type="checkbox"/> ELECTRICAL	
<input type="checkbox"/> MECHANICAL	
<input type="checkbox"/> PLUMBING	
DATE OF INSPECTION: _____	NAME OF INSPECTOR: _____

DESCRIBE DISAGREEMENT WITH DECISION MADE BY THE BUILDING SAFETY OFFICIAL:

(TO BE FILLED IN BY INSPECTIONS DEPARTMENT STAFF)

DECISION BY CHIEF OR FIELD SUPERVISOR:

_____	_____	_____
Chief Building Inspector (Supervisor) Name	Email	
_____	_____	_____
Phone Number	Date of Review	Date Sent to Applicant

* Kevin O'Brien, Chief Building Inspector (Supervisor) /252-399-2235/kobrien@wilsonnc.org