



# Town of Apex 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: \_\_\_\_\_

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Submit Field Inspection requests to [Mike.Emig@apexnc.org](mailto:Mike.Emig@apexnc.org) or [Eric.Smith@apexnc.org](mailto:Eric.Smith@apexnc.org)

Submit Plan Review requests to [Samantha.Ewens@apexnc.org](mailto:Samantha.Ewens@apexnc.org)

**OR Submit in person at 73 Hunter Street**

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

Results: \_\_\_\_\_

\_\_\_\_\_

Actions Taken: \_\_\_\_\_

\_\_\_\_\_

Staff member assigned: \_\_\_\_\_ Requestor notified of results: \_\_\_\_\_

Staff receiving complaint: \_\_\_\_\_ Date received: \_\_\_\_\_