



# Town of Strasburg Request for Inspection

Date: \_\_\_\_\_

Development Name/Section: \_\_\_\_\_

Builder Name: \_\_\_\_\_

Building Permit Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Lot Numbers: \_\_\_\_\_

House Address: \_\_\_\_\_

*Please fax or email request to: (540) 465-3252 or [townplanner@strasburgva.com](mailto:townplanner@strasburgva.com)*