



# Virtual Inspection Checklist Plumbing Re-Pipe

Contractor \_\_\_\_\_

Permit Number \_\_\_\_\_

Address \_\_\_\_\_

Technicians Name \_\_\_\_\_

Technicians Phone \_\_\_\_\_

**Required Images and Sequence - Please video or photograph the following items in the order listed:**

- Permit
- Front elevation of home/business
- Thermal Expansion Device
- Piping Material
- Connections to Tub/Shower valves
- Hot and cold water connections
- Vacuum Breakers on Hose Bibbs
- Main Shut Off Valve
- UV Piping Protection (Where required)
- Pipe Support/Strapping
- Water-Hammer Arrester (Where required)

Signature \_\_\_\_\_

Date \_\_\_\_\_