

**Inspection Application
Wynne City Building Inspector**

DATE: _____

NAME: _____

CONTACT PHONE NUMBER: _____

BUILDING ADDRESS OF BUSINESS: _____

TYPE OF BUSINESS: _____

CORRECTIVE ACTION AND INSPECTOR NOTES

I _____ agree to correct or have corrected all of the above violations within the next thirty (30) days.

Approved for license: _____

Approved for license pending re-inspection: _____

Applicant Signature: _____

City Inspector Signature: _____