

CITY OF NEW CARLISLE
SETBACK INSPECTION REPORT

DATE: ___/___/___

BUILDER: _____

PHONE #: _____ SUBDIVISION: _____

ADDRESS OF INSPECTION: _____

MEASUREMENT ON SITE PLAN: ACTUAL FIELD MEASUREMENT:

FRONT: _____ FRONT: _____

RIGHT SIDE: _____ RIGHT SIDE: _____

LEFT SIDE: _____ LEFT SIDE: _____

REAR: _____ REAR: _____

CORNER LOT: _____ CORNER LOT: _____

NOTES: _____

APPROVED BY: _____ DISAPPROVED BY: _____

REASON FOR DISAPPROVAL: _____
