

REQUEST FOR INSPECTION☐ **Building Inspection**☐ **Fire Inspection****FOR OFFICE USE ONLY:**

Date of Inspection: _____

Inspectors Name: _____

Number of Inspection Hours: _____

Follow-up Required: ☐ Yes ☐ No

APPLICANT: _____ TELEPHONE: _____

MAILING ADDRESS: _____ FAX: _____

CITY: _____ PROV: _____ PC: _____ EMAIL: _____

REGISTERED OWNER OF LAND: _____ TELEPHONE: _____

MAILING ADDRESS: _____ FAX: _____

CITY: _____ PROV: _____ PC: _____ EMAIL: _____

MUNICIPAL (STREET) ADDRESS FOR INSPECTION: _____

LEGAL DESCRIPTION: Lot ____ Block ____ Registered Plan No. _____

EXISTING USE OF LAND OR BUILDING ON THE PROPERTY: _____

REASON FOR INSPECTION: _____

PREFERRED DATE OF INSPECTION: _____

FEES: (as per Resolution 014-2009 dated January 26, 2009)**Building:** \$250.00 (plus GST) for first 2 hours or portion thereof and \$100.00/hr. (plus GST) for each additional hour or portion thereof.**Fire:** \$100.00 (plus GST) for first 2 hours or portion thereof and \$50.00/hr. (plus GST) for each additional hour or portion thereof.**FOR ADMINISTRATION USE ONLY:****FEES (non-refundable) Upon Application:**Building Inspection \$250.00 plus GST.Fire Inspection \$100.00 plus GST.FIRE: GL: 1-20-23-01-14100Receipt: Number: _____ Amount: \$ _____ BLDG: GL: 1-60-60-01-14100**I agree to pay, upon invoice, any additional amounts owing relating to this inspection request.**

SIGNATURE OF APPLICANT: _____ Date: _____