



REQUEST FOR AFTER HOURS INSPECTION

(After 4:00 p.m. weekdays and on weekends)

Note: Requests must be received prior to 3:00 p.m. for next day/evening inspection (Tel: 905-874-3700 Fax: 905-874-3763) Overtime rate is \$109.74 per hour, min. 3 hours (By-law 387-2006)

RECEIVED
Date and Time Stamp
Initial

INSPECTION REQUEST

Building Permit #: \_\_\_\_\_

Project Address: # \_\_\_\_\_ Street \_\_\_\_\_ Unit/Suite \_\_\_\_\_

Type of Inspection requested: \_\_\_\_\_

Date and Time Inspection requested: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_
(please print)

BILLING INFORMATION

Company: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: # \_\_\_\_\_ Street \_\_\_\_\_ Unit \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

FOR OFFICE USE ONLY

TO BE COMPLETED BY INSPECTION SECTION

Assigned Inspector: \_\_\_\_\_

Inspection Completed: Date: \_\_\_\_\_ Start: \_\_\_\_\_ Finish: \_\_\_\_\_

Total Time: \_\_\_\_\_ hrs

Supervisor's Authorization: Signature \_\_\_\_\_

Stamp \_\_\_\_\_

TO BE COMPLETED BY ADMINISTRATION SECTION

Inspection Total Time \_\_\_\_\_ hrs @ \$109.74 Per hr = \_\_\_\_\_ (Min. \$329.22) + HST

Invoice prepared and sent to Accounts Receivable by \_\_\_\_\_ Date: \_\_\_\_\_
Intl

Payment Received Date: \_\_\_\_\_