

Receipt #:

Special Request Inspection Application Ontario Building Code Part 8 Program niagararegion.ca 905-980-6000

Fill out the following for	m and fax to 90	5-687-8056 or mail t	o 1815 Sir Isaa	ас Brock way, I	PO Box 1042, Thorold, ON L2V 417.	
Name of owner:						
Mailing address:		City:			Postal code:	
Phone:		Email:				
Property address:						
City/Town:	Lot/Concession:					
Proposed project a	ddition:					
Building Infor	mation					
Finished floor are Existing:	a (m2)	Propose	ed:		Total:	
Number of bedrooms Existing:		Propose	Proposed:		Total:	
Number of bathro Existing:	Propose	Proposed:		Total:		
Type of sewage sys	stem:					
Year installed:		Size of	tank:		Size of tile bed (approx):	
Type of water su	apply:		NEC p	permit requ	uired:	
Well			Yes			
Cistern		No				
Municipal						
A detailed sketch p 1. Location of prop 2. Location of exis 3. Location of othe A copy of the buil	oosed project ting (and neig er structures, i	or addition. hbouring) building road/driveway, dit	gs, water su ches, ponds	pply, sewage s, etc.	e system and property lines.	
Date:	Owner signature:					
Office use only						
Payment \$400	Cash	Cheque	Debit	Visa	Mastercard	

Received by: