Flower City

brampton.ca

HOME BUILDERS MULTIPLE INSPECTION REQUEST FORM - BUILDING INSPECTIONS

* Inspection requests for "next day" inspections must be received before 3:00 p.m.
* Inspection requests received after 3:00 p.m. will be deemed received the following business day
* Inspections will be completed between 8:30 a.m. and 4:00 p.m.

NOTE: This Inspection Request Form can be faxed to 905-874-3763 **OR** sent electronically to inspections.scheduling@brampton.ca
(Download this form from the City's Website at www.brampton.ca)

BUILDER NAME: _____

CONTACT NAME: _____

_____ _____ **DATE INSPECTIONS REQUESTED FOR:** _____

PHONE (OR FAX) NUMBER: **E-MAIL ADDRESS:**

For Office Use Only	Permit #	Plan and Lot #	Unit/Site	Footing	Perimeter Insul. (Slab on Grade)	Backfill	Weeping Tile Bldg.	Structural Framing	Fire Separation	Bsmt. Finish Framing	INTIAL OCCUPANCY (Includes Bldg Plmg HVAC)	Recall Occupancy	Recall Final

Flower City

brampton.ca

HOME BUILDERS MULTIPLE INSPECTION REQUEST FORM - PLUMBING INSPECTIONS

* Inspection requests for "next day" inspections must be received before 3:00 p.m.
* Inspection requests received after 3:00 p.m. will be deemed received the following business day
* Inspections will be completed between 8:30 a.m. and 4:00 p.m.

NOTE: This Inspection Request Form can be faxed to 905-874-3763 **OR** sent electronically to inspections.scheduling@brampton.ca
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BUILDER NAME: _____

CONTACT NAME: _____

PHONE (OR FAX) NUMBER: _____ **E-MAIL ADDRESS:** _____ **DATE INSPECTIONS REQUESTED FOR:** _____

For Office Use Only	Permit #	Plan and Lot #	Unit/Site	Weeping Tile Plmg.	Outside Sewers / Water Service	Inside Drains	Plumbing Rough-In	Bsmt. Finish Plumbing Rough-In	INTIAL OCCUPANCY (Includes Bldg Plmg HVAC)	Recall Occupancy	Recall Final

Flower City

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HOME BUILDERS MULTIPLE INSPECTION REQUEST FORM - HVAC INSPECTIONS

* Inspection requests for "next day" inspections must be received before 3:00 p.m.
* Inspection requests received after 3:00 p.m. will be deemed received the following business day
* Inspections will be completed between 8:30 a.m. and 4:00 p.m.

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BUILDER NAME: _____

CONTACT NAME: _____

_____ _____ **DATE INSPECTIONS REQUESTED FOR:** _____

PHONE (OR FAX) NUMBER: **E-MAIL ADDRESS:**

For Office Use Only	Permit #	Plan and Lot #	Unit/Site	Exterior Insulation	HVAC Rough-In	Interior Insulation, Vapour Barrier & Air Barrier	Exposed Floor	Bsmt. Insulation	Bsmt. Duct	INTIAL OCCUPANCY (Includes Bldg Plmg HVAC)	Recall Occupancy	Recall Final