Flower City brampton.ca

CITY OF BRAMPTON - BUILDING DIVISION

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 \$116.76 per hour, min. 3 hours (By-law 387-2006)

RECEIVED

Date and Time Stamp

Initial

Building Permit #:					
Project Address:	#	Street		Linia/Ovita	
	#	Street		Unit/Suite	
Type of Inspection requ	uested:				
Date and Time Inspect	tion requested:	Date:		Time:	
Contact Person:			Telephon	e: ()	
_		(please print)			
BILLING INFORMATION					
Company:		1	Attention:		
Address:#	Street	Unit	City	Prov	Postal Code
Telephone:			Fax:		
•					
		FOR OFFICE US	T ONLY		
		FOR OFFICE US	E ONLY		
TO BE COMPLETED BY	INSPECTION SE		E ONLY		
TO BE COMPLETED BY Assigned Inspector:		CTION	E ONLY	_	
		CTION		_ Finish:	
Assigned Inspector:	Date:	CTION	Start:	_ Finish:	
Assigned Inspector:	Date:	CTION Time:	Start:		
Assigned Inspector: Inspection Completed:	Date:	CTION Time:ature	_ Start:hrs		
Assigned Inspector: Inspection Completed:	Date: Total ition: Signa	CTION Time:ature	_ Start: hrs		
Assigned Inspector: Inspection Completed:	Date: Total ition: Signa Stam	Time:ature	_ Start:hrs		
Assigned Inspector: Inspection Completed: Supervisor's Authoriza	Date: Total stion: Signa Stam	Time:aturep	_ Start:hrs		
Assigned Inspector: Inspection Completed: Supervisor's Authoriza TO BE COMPLETED BY	Date: Total stion: Signa Stam	Time: ature N SECTION hrs @ \$116.7	_ Start: hrs hrs 76 Per hr =	(Min. \$35	0.28) + HST