

Contact Information

Builder Name

First Name Last Name

Telephone Number Date of Request

Running Inspections Yes No Required Date of Inspection

am pm

Comments

Permit Number	Footings	Plumbing Outside Svcs	Backfill/Foundation	Plumbing Inside Svcs	Framing	HVAC	Plumbing Rough In	Vapour/Air Barrier	Insulation	Fire Separation	Final Plumbing	Final Building	Occupancy
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You can fax this Inspection Request to 905.420.7648 or select "Submit by Email" and the completed Inspection Request will be delivered to the City Development Department. If you require a copy please save this to your computer.

Submit by Email

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to respond to your request for an Inspection Request. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7, 905.420.4611.