Clarington
Leading the Way

FAX # **(905) 623-1824**

Company/Builder_____

Requester's Name:_____ Phone No.: (_____)-_____

Date of Inspection Required _____

To Complete this form, view the Instruction Sheet

BUILDING PERMIT #	LOT # AND PLAN # **OR** CIVIC DDRESS	TYPE OF INSPECTION			Office Use		
		Building	Plumbing	Heating	Blg	Plm	Htg
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			
		Select	Select	Select			

Comments: _____

_____

Submit Save Copy Print Form