



Request for Information Building Report

Updated: August 2019

A. Project information

Street Address: Unit No. Lot/Con:

B. Applicant

Applicant is: Owner or Authorized Agent of Owner (if selected complete and attach authorization form)

Last Name: First Name: Corporation or Partnership:

Street Address: Unit No. Lot/Con:

Municipality: Postal Code: Province:

Telephone Number: Cell Number: Email:

C. Owner (if different from applicant)

Last Name: First Name: Corporation or Partnership:

Street Address: Unit No. Lot/Con:

Municipality: Postal Code: Province:

Telephone Number: Cell Number: Email:

D. Required / Requested information

Please specify in detail:

E. Declaration of applicant

I the applicant, hereby request that the requested information be provided / released by Building Services. I acknowledge that the information provided may not be up to date, complete or accurate or reflect current conditions and agree to save the City harmless from any consequences which may arise as a result of the provision / release of information.

Date: Signature:

Personal information contained in this form is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to the Chief Building Official of the City of Niagara Falls.

For Use by City Staff (Principal Authority)

Fees collected: \$ Collected by:

Building comments:

Building Report Prepared by:

Date: Signature: