



Request for Information Building Report

Updated: January 2015

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: _____