



Request for Off Hours Insepction / Plans Examination

This form is authorized by the City of Niagara Falls Building By-law [2013-178]
Updated: January 2015

A. Project information

Street Address: _____ Unit No. _____ Lot/Con: _____
Type of request: Plans Examination (\$125 / hour – min. 4 hours) Inspection (\$150 / hour), type:
Reason for request: _____

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. Declaration of applicant

I the applicant, by way of submission of this document for request for off hours inspection or plans examination, agree to pay all required fees associated with the conducting of this work as required by the City of Niagara Falls Building By-law, as amended.
I further understand and agree that where fees have not been paid in full for the generated fee associated with off hours plans examination, the permit will not be issued for lack of full payment. Similarly, where fees have not been paid in full for off hours inspection(s), the performance / security deposit may be drawn upon for payment of such fees or the permit may be revoked.

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)

Estimate: Time _____ hrs X Rate \$ _____ = Total Owing: \$ _____
Actual: Time _____ hrs X Rate \$ _____ = Total Owing: \$ _____

Building comments: _____

Authorization for the off hours work is provided by Salvatore Valeo, Chief Building Official

Date: _____ Signature: _____