

Request for Off Hours Inspection / Plans Examination This form is authorized by the City of Niagara Falls Building By-law [2013-178] Updated: Oct. 2023

A. Project	information						
Street Address:					Unit No.	Lot/Con:	
Type of request: ☐ Plans Examination (\$125 / hour – min. 4 hours)				ırs)	☐ Inspection (\$150 / hour), type:		
Reason for request:					(min. 4 hours)		
B. Applica	ınt						
Applicant is:	Owner or	☐ Authorized	d Agent of Owner (if s	electe	ed complete and attach autho	orization form)	
Last Name:	ast Name: First Name:			Corporation or Partnership:			
Street Addre	ess:				Unit No.	Lot/Con:	
Municipality:	ipality: Postal Code:			e:	Province:		
Telephone N	one Number: Cell Number:				Email:		
C. Declara	tion of applica	nt					
I the applica	ant, by way of	submission of t			for off hours inspection or py the City of Niagara Falls Bu	olans examination, agree to pay al uilding By-law, as amended.	
examination	, the permit will	not be issued	for lack of full paym	ent.		ee associated with off hours plans not been paid in full for off hours e permit may be revoked.	
Date:	Signature:						
administration		of the Building C				Code Act, 1992, and will be used in the ormation may be addressed to the Chie	
			For Use by City Sta	aff (P	rincipal Authority)		
Estimate:	Time	hrs X	Rate \$	=	Total Owing: \$		
Actual: Building co	Time omments:	hrs X	Rate \$	=	Total Owing: \$		
	ion for the off ho	ours work is pro	vided by the Chief Bui	lding	Official		
Date: Signature:							