

Request for Off Hours Inspection / Plans Examination
This form is authorized by the City of Niagara Falls Building By-law [2013-178]
Updated: August 2019

A. Project i	nformation						
Street Address:					Unit No.	Lot/Con:	
Type of request: Plans Examination (\$125 / hour – min. 4 hours) Inspection (\$150 / hour), type:							
Reason for re	quest:						
B. Applicar	_	_					
• •	■ Owner or			lecte	ed complete and attach authorization	on form)	
Last Name:					Corporation or Partnership:		
Street Addres					Unit No.	Lot/Con:	
Municipality:				:	Province:		
Telephone Nu	Number: Cell Number:				Email:		
C. Declarat	ion of applica	int					
					for off hours inspection or plans y the City of Niagara Falls Building		
examination,	the permit wi	ll not be issued	for lack of full payme	ent.	d in full for the generated fee as Similarly, where fees have not lar or payment of such fees or the perr	been paid in full for off hours	
Date:	Signature:						
administration a		t of the Building C			subsection 8(1.1) of the <i>Building Code</i> but the collection of personal informati		
For Use by City Staff (Principal Authority)							
Estimate:	Time	hrs X	Rate \$	=	Total Owing: \$		
Actual:	Time	hrs X	Rate \$	=	Total Owing: \$		
Building co	mments:						
Authorization	on for the off h	ours work is pro	vided by Salvatore Vale	eo, C	Chief Building Official		
Date:	Date: Signature:						