

Request for Off Hours Inspection / Plans Examination This form is authorized by the City of Niagara Falls Building By-law [2013-178] Updated: August 2025

A. Project inform	nation				
Street Address:			Unit No.	Lot/Con:	
Type of request:	Plans Examination (Re	fer to Fee Schedule)	Inspection (Refer to Schedu	ıle	
Reason for request:			(min. 4 hours)		
B. Applicant					
Applicant is: \Box Ov	vner or $f \square$ Authorized	Agent of Owner (if sele	ected complete and attach authorizat	tion form)	
Last Name:	First N	lame:	Corporation or Partnership:		
Street Address:			Unit No.	Lot/Con:	
Municipality:		Postal Code:	Province:		
Telephone Number	:	Cell Number:	Email:		
C. Declaration of	f applicant				
			st for off hours inspection or plans I by the City of Niagara Falls Buildin		
examination, the p	ermit will not be issued	for lack of full paymer	paid in full for the generated fee a nt. Similarly, where fees have not n for payment of such fees or the pe	been paid in full for off hours	
Date:		Signature:			
	forcement of the Building Co		of subsection 8(1.1) of the <i>Building Cod</i> about the collection of personal informa		
		For Use by City Staff	(Principal Authority)		
Estimate: Time	hrs X	Rate \$	= Total Owing: \$		
Actual: Time	hrs X	Rate \$	= Total Owing: \$		
Building commen	ts:				
Authorization for	the off hours work is prov	ided by the Chief Buildi	ng Official		
Date:		Signature:			