



TOWN OF WHITBY BUILDING INSPECTIONS REQUEST FAX

FAX NUMBER: (905) 686-5696

DATE OF INSPECTION: _____
INSPECTOR: _____
BUILDER: _____
SITE CONTACT NAME & NUMBER: _____ ()
NUMBER OF PAGES: _____

PERMIT #	INSPECTION #	LOT and PLAN NUMBER OR MUNICIPAL ADDRESS	COMMENTS

BUILDING INSPECTIONS 1. FOOTING 2. FOUNDATION / RWL 3. FRAMING 4. INSULATION/VAPOUR BARRIER 5. AIR BARRIER SYSTEMS 6. GARAGE CEILING INSULATION 7. OCCUPANCY INSPECTION (BUILDING) 8. FINAL INTERIOR (BUILDING) 9. FINAL EXTERIOR (BUILDING)	PLUMBING /HVAC INSPECTIONS 10. OUTSIDE SAN/STORM/WATER 11. INSIDE SANITARY & STORM 12. UPPER ROUGH IN (PLUMBING) 13. HVAC ROUGH IN 14. OCCUPANCY INSPECTION (PLUMBING) 15. OCCUPANCY INSPECTION (HVAC) 16. FINAL INTERIOR (PLUMBING)
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If you have any questions please contact **Jean at Building Services** at **905-430-4305 ext 2612**
 or e-mail buildinginspections@whitby.ca
REQUESTS MUST BE RECEIVED PRIOR TO 3:00 P.M. FOR NEXT BUSINESS DAY INSPECTIONS.

TOWN OF WHITBY INSPECTION REQUEST BY FAX INSTRUCTIONS

On the first part of this form, please provide the date of inspection, Inspector's name, builder's name, site contact's name and the number of pages if there are more than one.

On the second part of this form, please provide the **Permit Number** which must include the year.

PERMIT #	INSPECTION #	LOT and PLAN NUMBER OR MUNICIPAL ADDRESS	COMMENTS
<i>12-100101</i>	<i>1</i>	<i>21 40M2326</i>	

Permit number must include the year **12**-100101.

Provide the **Inspection Type**: by first choosing either the building or plumbing column and then the number that corresponds to the inspection required, which can be found on the lists at the bottom of the form.

PERMIT #	INSPECTION #	LOT and PLAN NUMBER OR MUNICIPAL ADDRESS	COMMENTS
<i>12-100101</i>	<i>3</i>	<i>21 40M2326</i>	

Request is for a framing inspection.

<p>BUILDING INSPECTIONS</p> <ol style="list-style-type: none"> 1. FOOTING 2. FOUNDATION / RWL 3. FRAMING 4. INSULATION/VAPOUR BARRIER 5. AIR BARRIER SYSTEMS 6. GARAGE CEILING INSULATION 7. OCCUPANCY INSPECTION (BLDG) 8. FINAL INTERIOR (BUILDING) 9. FINAL EXTERIOR (BUILDING) 	<p>PLUMBING /HVAC INSPECTIONS</p> <ol style="list-style-type: none"> 10. OUTSIDE SAN/STORM/WATER 11. INSIDE SANITARY & STORM 12. UPPER ROUGH IN (PLUMBING) 13. HVAC ROUGH IN 14. OCCUPANCY INSPECTION (PLUMBING) 15. OCCUPANCY INSPECTION (HVAC) 16. FINAL INTERIOR (PLUMBING)
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Provide the **Lot and Plan Number** or **Municipal Address**.

PERMIT #	INSPECTION #	LOT and PLAN NUMBER OR MUNICIPAL ADDRESS	COMMENTS
<i>12-100101</i>	<i>1</i>	<i>21 40M2326</i>	
<i>11-100063</i>	<i>2</i>	<i>123 BROCK ST. S.</i>	

Lot and plan number or municipal address or both if you have them.

Any comments or requests can be placed in the **COMMENTS** column.