

# WATER AND SEWERAGE AUTHORITY



## NEW SERVICES DEPARTMENT

### REQUEST FOR INSPECTION – PLUMBING APPLICATION

#### ***Section 1. – To be filled out by Licensed Sanitary Constructor***

1.0 File # \_\_\_\_\_

1.1 Name of Property Owner \_\_\_\_\_

1.2 Property Address to be Inspected \_\_\_\_\_

1.3 Type of Inspection  Roughed In

Final

Re-inspection

Meter / Other

1.4 Date of Plumbing Design Approval \_\_\_\_\_

#### ***1.5 Licensed Sanitary Constructor***

1.5.1 Name \_\_\_\_\_

1.5.2 License # \_\_\_\_\_

1.5.3 Telephone Contact Number \_\_\_\_\_

1.5.4 Proposed Date for Inspection \_\_\_\_\_

1.5.7 LSC Signature & Date \_\_\_\_\_

#### ***Section 2 – Internal Use – To be completed by Plumbing Superintendent***

##### **2.1 Request**

Approved  Not Approved

Remarks

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

##### **2.2 Assignment**

Plumbing Inspector Assigned \_\_\_\_\_ Date \_\_\_\_\_

Plumbing Superintendent \_\_\_\_\_ Date \_\_\_\_\_