

WATER & SEWERAGE AUTHORITY

NEW SERVICES DEPARTMENT

REQUEST FOR INSPECTION – BUILDING DEVELOPMENT



1. NAME OF DEVELOPMENT: _____

2. ADDRESS OF DEVELOPMENT: _____

3. FILE NUMBER: _____

4. TYPE OF INSPECTION REQUEST:

WATER INFRASTRUCTURE	<input type="checkbox"/>
SEWER INFRASTRUCTURE	<input type="checkbox"/>
METER	<input type="checkbox"/>
SEPTIC TANK	<input type="checkbox"/>
WASTE WATER TREATMENT PLANT/ LIFT STATION	<input type="checkbox"/>

OTHER _____

5. CONTACT:

- NAME _____
- TEL.# _____
- EMAIL _____

DATE(S) OF INSPECTION: _____

SIGNATURE

NAME IN BLOCK LETTERS

Where person applying for inspection is not owner or applicant (from initial application) authorization from applicant is required.

FOR OFFICIAL USE ONLY

FEES PAID

CSR _____

SENT TO BD DATE: _____