

 <p>Box 600 Crowsnest Pass, Alberta T0K 0E0 Phone: 403-562-8833 Fax: 403-563-5474</p>	*Office Use Only*	
	Permit # _____	
	Department:	
	<input type="radio"/> Building <input type="radio"/> Electrical <input type="radio"/> Gas	<input type="radio"/> Plumbing <input type="radio"/> PSDS
DATE RCVD' _____		

Inspection Request Form

(INSPECTIONS REQUIRED OVER THE REGULARLY SCHEDULED INSPECTIONS MAY BE SUBJECT TO ADDITIONAL CHARGES AS DEFINED IN THE FEES, CHARGES AND RATES BYLAW)

Project Address: _____

Requested Date of Inspection (Minimum 48 hours' notice) _____

Date Inspection Request Completed (Office Use Only): _____

To book an inspection please fax this form to 403-563-5474, email to reception@crownsnestpass.com or call the Municipal Office at 403-562-8833.

Applicant/Contractor		Owner of Land	
Contractor: YES <input type="checkbox"/> NO <input type="checkbox"/>		Same as applicant <input type="checkbox"/>	
Name:		Name:	
City:		City:	
Postal Box & Code:		Postal Box & Code:	
Phone:		Phone:	
Alt. Phone:		Alt. Phone:	
Email:		Email:	
Journeyman/ Master #:			
Signature:		Signature:	

Inspection Type

BUILDING	ELECTRICAL	GAS	PLUMBING	PSDS
<input type="radio"/> Foundation	<input type="radio"/> Rough-in	<input type="radio"/> Rough-in	<input type="radio"/> Below Grade	<input type="radio"/> Pre-Inspection
<input type="radio"/> Framing	<input type="radio"/> Service	<input type="radio"/> Final	<input type="radio"/> Above Grade	<input type="radio"/> Rough-in
<input type="radio"/> Insulation/Vapor Barrier	<input type="radio"/> Service Change		<input type="radio"/> Rough-in	<input type="radio"/> Final
<input type="radio"/> Final	<input type="radio"/> Temp Service		<input type="radio"/> Final	
	<input type="radio"/> Underground to Garage			
	<input type="radio"/> Final			

The personal information provided as part of this application is collected under the Safety Codes Act and the Municipal Government Act and in accordance with the Freedom of Information and Protection of Privacy Act as per section 33 (c). The information is required and will be used for issuing permits, safety codes compliance verification and monitoring and property assessment purposes. The name of the permit holder and the nature of the permit is available to the public upon request. If you have any questions about the collection or use of the personal information provided, please contact the FOIP Coordinator Municipality of the Crowsnest Pass at 403-562-8833.