

City of Lethbridge

Inspection Request Form

BP _____
 EP _____
 GP _____
 HG _____
 HH _____
 HP _____
 HV _____
 PF _____
 PP _____

Planning and Development Services

910 - 4th Avenue South
 Lethbridge, AB
 T1J 0P6

General #: 403-320-3920
 Inspection #: 403-320-3830
 Fax #: 403-327-6571
 E-Mail: inspections@lethbridge.ca

Project Address:

Unit / Bay # _____

Civic Address _____

Date: _____

Access Code: _____

Property Owner

Applicant

Name: _____

Paid

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature: _____

Requested Date of Inspection

(Must Give Minimum 24 Hours Notice)

PLEASE NOTE: All inspections will be done within 48 hours. If you call before 1:00 p.m., normally your inspection will be scheduled for the next working day. If you call after 1:00 p.m., your inspection will be scheduled for two working days after the date when the request was made.

Contractor

Applicant

Name: _____

Paid

Address: _____

Phone: _____ Fax: _____

E-Mail: _____

Signature: _____

B/L #: _____

The residence or commercial space must be open the day of the inspection.

A re-inspection fee will be assessed should the building be locked.

NOTES

Inspection Type

Building	
<input type="checkbox"/>	Foundation
<input type="checkbox"/>	Framing
<input type="checkbox"/>	Insulation/Vapour Barrier
<input type="checkbox"/>	Woodstove
<input type="checkbox"/>	Final
Electrical	
<input type="checkbox"/>	Rough-In
<input type="checkbox"/>	Service
<input type="checkbox"/>	Service Change
<input type="checkbox"/>	Temporary Service
<input type="checkbox"/>	Underground to Garage
<input type="checkbox"/>	Final

Mechanical			
<input type="checkbox"/>	Fire Sprinkler		Gas
	<input type="checkbox"/>	Rough-In	<input type="checkbox"/>
<input type="checkbox"/>	Geothermal		HVAC
	<input type="checkbox"/>	Rough-In	<input type="checkbox"/>
<input type="checkbox"/>	Hydronic		Solar
	<input type="checkbox"/>	Rough-In	<input type="checkbox"/>
<input type="checkbox"/>	Plumbing		
	<input type="checkbox"/>	Below Grade	<input type="checkbox"/>
<input type="checkbox"/>	Above Grade	<input type="checkbox"/>	Final

Version Date: December 27, 2017

SUBMIT APPLICATION FORM

Any personal information collected on this form is collected in accordance with Section 33(c) of the Freedom of Information and Protection of Privacy Act. Please note that such information may be made public. If you have any questions about the collection, use or disclosure of the personal information provided, please contact Information Management at 910 4 Ave S, Lethbridge, AB, T1J 0P6 or phone at (403) 320-7329.