

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
SEWER INFRASTRUCTURE
METER
SEPTIC TANK
WASTE WATER TREATMENT PLANT/ SEPTIC TANK

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: _____