

## Special Inspection Overtime

					Dat	e (yyyy-mm-dd)
District Office	)					
□ Toronto and East York □ North York				□ So	carborough	Etobicoke York
Project Information				IBMS Property RSN		
Street No.	Street Name					Suite/Unit No.
Permit No.(s)						
Inspection Re	equest					
Date of Inspection	n	Type of Ins	pection			
Applicant's Declaration					IBMS Pr	operty RSN
First Name I,			Last Name	Э		
Company Na	ame (if applicable)					Telephone No.
Street No. of	Street Name				Suite/Unit No.	Mobile No.
City/Town		Province		Posta	I Code	Fax No.
E-mail addre	ess					
agree to under 363. For fees a		licable fees in accourtent year, please	ordance wi	th the	City of Toront	ove on an overtime basis and o Municipal Code, Chapter /ebsite:
Signature		Print Name			Date	(yyyy-mm-dd)

The personal information on this form is collected under the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (b) & (c) and the Ontario Building Code Act, S.O. 1992, Chapter 23. The information collected will be used for processing applications and creating aggregate statistical reports. Questions about this collection may be referred to the Customer Service Manager in the appropriate district. Toronto East York District, 100 Queen Street West, Ground Floor, West Tower, Toronto M5H 2N2; North York District, 5100 Yonge Street, 1st Floor, Toronto M2N 5W4; Etobicoke York District, 2 Civic Centre Court, 1st Floor, Toronto M9C 2Y2; Scarborough District, 150 Borough Drive, 3rd Floor, Toronto M1P 4N7. Phone: (416) 397-5330

Request Special Inspection Overtime

## Office Use Only

Inspector	Date
Authorized by	Date
No. of Hours	Date
Are additional inspections required?	
Inspector's Signature	Date
Manager's Signature	Date