

Township of South – West Oxford

312915 Dereham L, Mt. Elgin, On Phone: 519-485-0477 or 519-877-2702; Fax: 519-877-2647

Building Department – Inspection Report

Summary

Permit #		Issue Date:					911 Address:					
Roll #:		Conc/Lot		Conc/Lot:					Zoning:			
Descri	ption of Construction	:	·							·		
Owner						Contractor						
Name:					Compa	Company:						
Mailing Address:						Mailing Address:						
						Name:						
Phone:		Cell:			Phone	:		Cel	l:			
Fax:		E-Mail:			Fax:			E-N	1ail:			
Applicant												
Name:						Builders Deposit						
Mailing Address:						Amount:						
Phone:		Cell:			Paid B	Paid By:						
Fax:		E-Mail:				Owner/Applicant/Contractor:						
	<u>.</u>											
Req'd	Inspection Type	Passe	d:	Date:	Req'd		Inspection Type		Passed:	:	Date:	
Y/N		Y/N	ı		Y/N				Y/N			
	Excavation					Char	nge Of Use					
	Foundation/Backfill					Com	mercial Kitchens					
	Framing					Dem	olition					
	Fireplaces						ting - Solid Fuel					
	Insulation					Man	ure Pits & Related					
	Plumbing					Pools						
	HVAC					Sew	er Connections					
	Occupancy					Sign	S					
	Final					Sola	r Panels – Rooftop					
	Final Short					Spra	y Booths					
	Final Certificates					Tem	porary Structures					
	Gas					Wat	er Connections					
	Hydro					Win	d – Turbine/Towers	;				
	Septic											
	Lot Grading											
	Cancelled Permit					Bui	Iders Deposit					
Notes	S:											
	Permit can be closed Builders Refund to be returned											
P												
	1				1			T	1			
Passed Inspection: (Y/N) Inspector: (Note: "Y" = passed; "N" – not passed; "X" = not applicable.								Date	e:			
(Note	: "Y" = passed; "N" -	- not pas	sed;	"X" = not ap	plicable)							