



Request for Services

Date: _____, 20__

Municipality

Municipality:	_____
Office Address:	_____
Contact Person:	_____

Service Requested

<input type="checkbox"/> Plan Review
<input type="checkbox"/> Inspections
<input type="checkbox"/> Inspections of Existing Buildings
<input type="checkbox"/> Enforcement Follow-up
<input type="checkbox"/> Other: _____

Documents Attached

<input type="checkbox"/> Building Permit Application
<input type="checkbox"/> Plans
<input type="checkbox"/> Site Plan
<input type="checkbox"/> Specifications
<input type="checkbox"/> Surveyors Certificate/Real Property Report
<input type="checkbox"/> Other: _____

Municipal Building Permit Number: _____

Project Information

Project Name / Type:	_____
Project Address:	_____
Legal Description:	_____
Value of Construction:	\$ _____

Contact Information

<u>Owner Name:</u>	_____
Phone #:	_____
E-mail Address:	_____
<u>Contractor Name:</u>	_____
Phone #:	_____
E-mail Address:	_____

Additional Comments

