

FAX REQUEST FOR AN INSPECTION WITHIN ROCKY VIEW COUNTY

Building **Rocky View County** **FAX: 403-277-3066** **BP-_____**
 Foundation **ONLINE: www.rockyview.ca/inspections**
 Framing
 Final
 Other
 Re-inspection or Extra Inspection if required

Electrical **Davis Inspection Services** **FAX: 403-275-9790** **EP-_____**
 Rough In **ONLINE: www.rockyview.ca/inspections**
 Final
 Other
 Re-inspection or Extra Inspection if required

Gas **Davis Inspection Services** **FAX: 403-275-9790** **GP-_____**
 Rough In **ONLINE: www.rockyview.ca/inspections**
 Final
 Other
 Re-inspection or Extra Inspection if required

Plumbing **Davis Inspection Services** **FAX: 403-275-9790** **PL-_____**
 Rough In **ONLINE: www.rockyview.ca/inspections**
 Final
 Other
 Re-inspection or Extra Inspection if required

Private Sewage **Davis Inspection Services** **FAX: 403-275-9790** **PS-_____**
 Design Approval (prior to installation) **ONLINE: www.rockyview.ca/inspections**
 Final (prior to backfill)
 Other
 Re-inspection or Extra Inspection if required

Sewer Service **Davis Inspection Services** **FAX: 403-275-9790** **SC-_____**
Rocky View Utility Corp **ONLINE: www.rockyview.ca/inspections**
FAX: 403-936-5163
 Final (prior to backfilling service trench)

LOCATION OF INSPECTION

Lot ____ Block ____ Plan _____ ; ____ ¼ of Section ____ Township ____ Range ____ W ____ M

Municipal Address: _____

Date that building will be ready for inspection: Day _____ Date _____

Company: _____ Contact Person _____

Phone Number: Work _____ Cell _____

Special Instruction (i.e. Directions to site or include a map to the site)

Date Sent: _____