



The Corporation of the Township of Wilmot

60 Snyder's Road West, Baden, Ontario N3A 1A1

Development Services Department
t. 519.634.8444 f. 519.634.5044

OCCUPANCY AND FINAL INSPECTION

Project _____

Building Permit # _____

Address _____

Building Inspector _____

REQUIRED RECEIVED CLEARANCE LETTERS:

- | | | | |
|--------------------------|--------------------------|-----------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Prime Consultant | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Architect | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Structural Engineer | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical Engineer | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanical Engineer | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Geotechnical Engineer | _____ |

CERTIFICATION:

- | | | | |
|--------------------------|--------------------------|-------------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Alarm – ULC certificate | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Lighting | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Generator | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Dampers | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Resistance | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Stopping | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Barrier Free | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | NFPA 13 (Sprinkler) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | NFPA 14 (Standpipe) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | NFPA 20 (Fire Pump) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | NFPA 96 (Hood & Suppression) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Hydrant | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Elevating Device (Elevator/Lift) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Health Department Approval (Region) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Energy Efficiency Certification | _____ |

PLUMBING AND SEPTIC:

- | | | | |
|--------------------------|--------------------------|--|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Final Plumbing Test and Inspection | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Potable Water Test Results | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Septic Engineer's Final Clearance Letter | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Final Septic Approval (Wilmot/M.O.E.) | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Backflow Prevention Device Test Report | _____ |
| | | Device Type: _____ | |

ELECTRICAL:

- | | | | |
|--------------------------|--------------------------|-----------------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | Final Electrical Inspection (ESA) | _____ |
|--------------------------|--------------------------|-----------------------------------|-------|

Occupancy Permitted: Date: _____ Inspector: _____

Final Inspection Approved: Date: _____ Inspector: _____