

OCCUPANCY AND FINAL INSPECTION REPORT

Project _____ Building Permit # _____

Address _____ Building Inspector _____

Maximum Occupant Load of Suite/Unit or Building _____

REQUIRED	RECEIVED		
FINAL LETTERS:			
<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	_____
<input type="checkbox"/>	<input type="checkbox"/>	Site Servicing Engineer	_____
INSPECTION/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	_____
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	_____
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: _____	
OTHER:			
<input type="checkbox"/>	<input type="checkbox"/>	Final Electrical Inspection (ESA)	_____
<input type="checkbox"/>	<input type="checkbox"/>	Gas Final	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other: _____	_____

Occupancy Notes: