

## Plumbing Test Report

This form must be completed and submitted to Development Services PRIOR to requesting a rough-in plumbing inspection.

Building Permit Number:

Municipal Address:

**The following tests have been conducted on the PLUMBING system in accordance with the requirements of the Ontario Building Code, Part 7:**

Sanitary Building Drain

**Water**

**Air**

Drains/Vents B/G (prior to cover)

**Water**

**Air**

Distribution Pipe (prior to cover)

**Water**

**Air**

Other:

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Plumbing Contractor:

Installer:

Date:

\*\*\*This information is available in accessible formats upon request\*\*\*