

St. Catherine Municipal Corporation Site Inspection Form



Vol. #: Fol. #: Date:

Type of Development: Residential / Commercial / Institutional / Industrial /
Recreational / Other

Owner/s' Name:

Phone #: (Cell)..... (Home).....

Inspection Location:
.....

Requested Inspection Day:

****Please send request within three days of the Inspection date and inform if there will be rescheduling of the time.**

Inspection type

Building		/		Structural	
Excavation	<input type="checkbox"/>	Structural Members	<input type="checkbox"/>		
Footing and foundation	<input type="checkbox"/>	Drainage	<input type="checkbox"/>		
Slab (Floor / roofing)	<input type="checkbox"/>	Final Inspection	<input type="checkbox"/>		
Masonry	<input type="checkbox"/>	Re-inspection	<input type="checkbox"/>		
Other inspection type	<input type="checkbox"/>				

Direction to the Property:
.....
.....

Applicant Name: **Signature:**