



FORM L
Request for Mechanical Inspection

Date: _____

Tel. No.: _____

Electrician's Name: _____
(Please print)

Licence No.

Signature

Owner/Agent: _____

Job Site Address: _____

Please tick the appropriate box

Type of Inspection: Initial Inspection Re-Inspection

Fees for Initial Inspection

- 1000-2000 sq. ft\$50.00
- 2001-3000sq. ft.....\$75.00
- 3001-4000 sq. ft\$100.00
- 4001-5000 sq. ft\$150.00
- Over-5000 sq. ft\$200.00

Fees for Re-Inspection

- Up to 3000 sq. ft.....\$10.00
- Above 3000 sq. ft.....\$20.00

Approximate date of Inspection: _____
d/m/y
