



Permits and Inspections Division
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Plumbing Inspection Request and Authorization

Address: _____ PP No.: _____
UNIT NUMBER STREET

Company / Contractor: _____
NAME

Company Address: _____
UNIT NUMBER STREET CITY PROVINCE POSTAL CODE

Site Contact: _____ Phone: _____
NAME SITE CONTACT

I am the:

- Journeyman Plumber TQ No.: _____
- Registered Professional Engineer or Architect
- Sprinkler Fitter TQ No.: _____
- Owner of the Single Family Dwelling Listed Above
- Irrigation Contractor CCC No.: _____
- Pipe Layer

and declare that the work completed under the above mentioned permit, and hereby certify that the installation authorized thereby has been installed to comply with the B.C. Plumbing Code, Governing statutes and/or Municipal Bylaws.

Digital submission constitutes acceptance of the above noted declaration.

DIGITAL SUBMISSION	<input type="checkbox"/>

Date Submitted: _____ Name: _____ Signature: _____
MONTH/DAY/YEAR PRINT NAME

Specify type of inspection and location. Check all that apply.

- Interior Rough In
- Under Slab
- Perimeter Drains
- Services
- Fire Sprinklers
- Irrigation
- Other

Inspection location and details are required. Include corrected deficiencies.

Deficiencies from the inspection on: _____ have been corrected.
MONTH/DAY/YEAR

FINAL Inspection: **AS-BUILT DRAWINGS MUST BE RECEIVED 24 HOURS PRIOR TO SUBMITTING AUTHORIZATION**

WORK NOTED ABOVE TO BE INSPECTED ON: _____
MONTH/DAY/YEAR

WORK MUST BE AVAILABLE FOR INSPECTION FOR AT LEAST TWO BUSINESS DAYS BEYOND REQUESTED DATE. UNLESS ACCEPTED OR APPROVED BY AN INSPECTOR

ADDITIONAL INFORMATION FOR INSPECTION (ACCESS, CONTACT, OWNER, BUZZER NUMBER):

Preferred Inspection Time: AM (10:45 am – 12:00 pm) PM (12:30 pm – 4:00 pm)