



CITY OF
VANCOUVER

Inspection Request Phone
(604)873-7000

Inspection Request Email:
CSInspection.Clerks@vancouver.ca

Inspection Request Form and Declaration of Compliance

CONTRACTOR DECLARATION FORM

This Declaration is for use only when specifically authorized by the City Electrician in accordance with Sections 6.12 of the Vancouver Electrical Bylaw #5563 and please note Electrical Safety Regulation 19(4),(6) states regulated work must not be concealed or energized unless inspected or the inspection has been waived (VEBL No.5563).

THIS FORM MUST BE LEGIBLE AND FILLED IN CORRECTLY TO COMPLETE THE INSPECTION REQUEST PROCESS

Permit Number: EP-	Installation Name:		
Installation Address:	Street/Ave:	Unit no:	Bldg No:

B. LICENSED ELECTRICAL CONTRACTOR INFORMATION:

Contractors Name:		License No:
Office Phone:	Cell:	Email:

C. DECLARATION:

I _____, a registered FSR for the above contractor declare that the regulated work under the above mentioned permit complies with the requirements of the Safety Standards Act and Regulations and City of Vancouver Electrical By-law.			
FSR No:	FSR Class:	FSR Signature:	YY MM DD 20____/____/____

D. REQUEST

<input type="checkbox"/> Electrical Service Inspection Service type <input type="checkbox"/> New Service <input type="checkbox"/> Service Repair <input type="checkbox"/> Service Upgrade <input type="checkbox"/> Temp Service Ground Electrode Type <input type="checkbox"/> Plate or Rods <input type="checkbox"/> Ufer <input type="checkbox"/> In-situ <input type="checkbox"/> Other: _____ Service Details <table border="1" style="width: 100%;"> <thead> <tr> <th>Voltage (Line To Line)</th> <th>Amperage</th> <th>Number of Phases</th> <th>Number Wires</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>					Voltage (Line To Line)	Amperage	Number of Phases	Number Wires				
Voltage (Line To Line)	Amperage	Number of Phases	Number Wires									
<input type="checkbox"/> Rough Wire Inspection R/W Progress <input type="checkbox"/> All R/W is Complete <input type="checkbox"/> Partial R/W Only/ Location _____ R/W Details <input type="checkbox"/> Ceiling (T-bar) <input type="checkbox"/> Pool / Spa Bonding <input type="checkbox"/> Raised Floor <input type="checkbox"/> Wall(s) <input type="checkbox"/> Slab/Underground <input type="checkbox"/> Other: _____												
<input type="checkbox"/> Filming/Special Event <input type="checkbox"/> For the remote location and/or studio set wiring and the associated equipment installation.												
<input type="checkbox"/> Final Inspection <input type="checkbox"/> All work is complete (Requesting permit to be closed, no further inspection to be requested) <input type="checkbox"/> The Electrical Installation is left in a safe condition <input type="checkbox"/> Partial Final Only (Permitted for Occupancy only) Partial Final Location _____												
<input type="checkbox"/> Permit extension only. Work is in progress and installation is safe (<i>this is not an inspection request</i>)												
<input type="checkbox"/> All non-compliances identified of 20____Month____Day____ have been corrected and a re-inspection is requested.												

E. ADDITIONAL REMARKS

<input type="checkbox"/> Accepted by the City Electrician (DEI's _____) YYYY MM DD _____/_____/_____		
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