

CORPORATION OF THE CITY OF KINGSTON

Water & Sewer Lateral

Contractors Verification Form

Building Services (613) 546-4291x3280 Fax (613) 542-9137

Confirmati	on (Check)	
Yes	No	
Yes	No	
Yes	NO	
	Yes	Yes No Yes No

This is to confirm that the plumbing of the building sewer, building storm sewer, and/or water supply piping has been completed in accordance with the requirements of the Ontario Building Code, and I have checked off above, which are just some of the specific issues addressed during installation.

Contractor's agent: (Print): _____

Signature: _____

Received: _____

Building Official

Date: _____

Date