

INVERCARGILL CITY COUNCIL HOUSE INSPECTION REQUEST

Name:		
Address:		
Phone:		Fax:
I request a building inspection report on the property at: (Insert current property address)		
	g is to be relocated to: (Insert relocation	
The report is to comment on whether the building is suitable to move. I intend to: (Comment on whether you intend to re-roof, reclad, or alter the building in any way)		
I accept responsibility for the fees as outlined in the current Building Fee schedule.		
Signed:		Date:
Office Use	Only	
	Report attached	Signed:
Invoice Ge	nerated / Actioned	Date:

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