

FORM A.8.2 RAT INFESTATION REVIEW FORM

For use by Principal Authority	
Application number:	Permit number (if different):
Date received:	Roll number:

To be completed by a provincially licensed pest control company retained to provide expert rat infestation assessment and treatment if required. If the demolition is performed beyond the date identified in the Acknowledgement section below, a revised Rat Infestation Review Form will be required.

A. Project Information			
Building number, street name	Unit number	Lot/con.	
Municipality	Postal code	Plan number/other description	

B. Pest Control Company			
Last name	First name	Corporation or partnership	
Street address	Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	
Exterminator Class	License Number		

C. Property Owner			
Last name	First name	Corporation or partnership	
Street address	Unit number	Lot/con.	
Municipality	Postal code	Province	E-mail
Telephone number	Fax	Cell number	

D. Declaration of Pest Control Company	
I _____ declare that: <div style="text-align: center;">Print Name</div>	
<p>Check one box ONLY</p> <p><input type="checkbox"/> I have inspected the property including all structures for signs of rat infestation and saw no evidence that the demolition being applied for will impact neighbouring properties.</p> <p><input type="checkbox"/> I have inspected the property including all structures for signs of rat infestation and preventative removal measures have been taken to address the issue of spread to neighbouring properties as a result of demolition.</p>	
I believe that this assessment will be accurate until _____ after which, a new Rat Infestation Review Form will be required. <div style="text-align: center;">Date</div>	
<ol style="list-style-type: none"> 1. The information contained in this application, attached schedules and forms, attached plans and specifications, and other attached documentation is true to the best of my knowledge. 2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership. 	
_____ Signature of Assessor	_____ Date

Personal information contained in this form and schedules is collected under the authority of subsection 8(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.