

### Office Use Only for Referral

- |  |   |
|--|---|
| <input type="checkbox"/> Plumbing                | <input type="checkbox"/> Fire Dept.             |
| <input type="checkbox"/> Development Planning    | <input type="checkbox"/> RCMP                   |
| <input type="checkbox"/> Development Servicing   | <input type="checkbox"/> School District No. 43 |
| <input type="checkbox"/> Environmental Services  | <input type="checkbox"/> BC Hydro               |
| <input type="checkbox"/> Transportation Services | <input type="checkbox"/> FortisBC               |
| <input type="checkbox"/> Eng and Public Works    | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Leisure and Parks.      |   |

### Building Permits Division

3000 Guildford Way, Coquitlam BC V3B 7N2

Tel: 604-927-3441 Fax: 604-927-3982

*Fees are not refundable except as outlined in the Fees and Charges Bylaw and do not guarantee approval of application in any way.*

**Instructions:** If more information is required than a field allows for, please attach additional pages.

### Property Description

Property Address: \_\_\_\_\_

Property Identification Number(s): \_\_\_\_\_

Legal Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Existing land use(s): \_\_\_\_\_

Existing zone(s): \_\_\_\_\_

Existing buildings/structures will be:     Retained     Demolished     Relocated     No Existing Buildings

Are there any Development undertakings affecting the property?     Yes     No

(Note: Development undertakings include Development Permits, Development Variance Permits, Conservation Permits, Subdivision requirements, etc.)

Are there any easements or restrictive covenants affecting the property?     Yes     No

(Note: If yes, provide copies with the current title search for all properties. A fee may be charged for any copies the City must obtain by other means.)

Are there any environmental or tree cutting concerns affecting the property?     Yes     No

Is the property adjacent to a ravine/slope?     Yes     No

Is the property adjacent to a stream/creek?     Yes     No

(Note: Describe any steep slopes, watercourses, trees, or significant environmental features on or near the site. E.g. watercourses top-of-bank or crest / toe of steep slope within 50 metres of property)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant (attende at counter)**

Business Name: \_\_\_\_\_ Invoice to:   
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner(s) of Property**

Invoice to:

Owner	Address and Postal Code	Phone	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Agent (if different from applicant)**

Business Name: \_\_\_\_\_ Invoice to:   
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Contractor**

Business Name: \_\_\_\_\_ Invoice to:   
Business Licence Number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Proposal

Describe the work proposed (add supplemental sheets as necessary):

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Worksheet Included?  Yes  No

**Estimated Cost of Construction** (Note: Not required for Two family Residential, Single family Residential or Additions to such, Secondary Suites, Basement Finishes, Decks, and Accessory Residential Structures.) \_\_\_\_\_

## Applicant Acknowledgement

I, the Applicant, certify that, to the best of my knowledge, the information provided in this application and supplemental documentation submitted in support of the issuance of Building Permits by the City of Coquitlam is true and correct. I acknowledge that any material falsehood or any intentional or unintentional omission of any material fact with respect to this application made by the Applicant may result in an issued Building Permit becoming null and void.

I, the Applicant, certify that this application is being made with the full knowledge and consent of all Owners of the property in question.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Name (please print)

**Note:** A duly authorized Agent of the Owner may sign here on behalf of the Owner.

The personal information collected on this form is collected in accordance with the *Freedom of Information and protection of Privacy Act*. The City has authority to collect your information for the purposes of administering the Building Permitting System in accordance with Division 9 of the *Community Charter*. Should you have any questions or concerns about the collection of your personal information, please call the Front Counter Supervisor at 604-927-3441. (NOTE: Business contact information is not considered personal information and will be released on request.)

## Agent Authorization

I hereby designate \_\_\_\_\_ to act as my agent in matters related to this application.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner Name (Printed): \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Note:** A letter authorizing the Applicant to act as an agent of the Owner with the signatures of all Owners will also be accepted.