

DATE: _____

This form is for general enquiries only. Information related to a specific property of which you do not have ownership will not be released without a completed [Agent Authorization Form for Permit Application or File Access](#).

I understand by submitting this form I am consenting to the collection, storage, use and disclosure of my personal information for the purposes of responding to your inquiry in accordance with the *Freedom of Information and Protection of Privacy Act*. I understand that my personal information will be disclosed to a third-party service provider (i.e. website host Civic Plus) located in Canada for the purpose of processing my enquiry. If you have questions or concerns about the collection of your personal information please contact the Front Counter Supervisor, at permits@coquitlam.ca or 604-927-3441.

Please complete the following section by **clearly** stating the details of your enquiry. **Please note, it may take staff 2-5 business days to complete your enquiry.**

Full Name: _____

Address: _____

Telephone: _____ **Email:** _____

SIGNED BY

X _____



Planning and Development Department
Building Permits Division
604-927-3441

To: General Manager Planning & Development; City of Coquitlam

I/We are: _____
Legal Name(s)

The Registered Owner or Agent of the Registered Owner of the lands described below:

(Civic address of Property)

(Enter legal description of Property)

It is understood, that:

I/we acknowledge that this photocopy or electronic document copy is supplied by the City of Coquitlam for general information only. The City does not guarantee the correctness, the accuracy or the completeness of any information contained in it and I/we rely on this information entirely at my/our own risk. I/we also acknowledge that further copying this document may violate the federal Copyright Act or other intellectual property rights.

Dated at: _____, this _____ day of _____, 20_____
(Enter place where form executed)

(Signature of Registered Owner(s), Authorized Signatory for the Owner, Corporation or Strata Corporation)

(Name of Owner Corporation or Strata Corporation)

(Address)

(Telephone No. of Registered Owner or Authorized Signatory) (Email)

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 in 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 contact the Front Counter Supervisor at 604-927-3441. (NOTE: Business contact Information is not considered personal Information and will be released on request.)