



City of Coquitlam Residential SF/TF Building Permit Application

Building Permits Division

3000 Guildford Way
Coquitlam BC V3B 7N2

Tel: 604-927-3441

permits@coquitlam.ca

Office Use Only for Referral		
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Transportation Services	<input type="checkbox"/> RCMP
<input type="checkbox"/> Development Planning	<input type="checkbox"/> Eng. and Public Works	<input type="checkbox"/> School District No. 43
<input type="checkbox"/> Development Servicing	<input type="checkbox"/> Leisure and Parks.	<input type="checkbox"/> Real Estate Division Strategic Initiatives *
<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Fire Department	<input type="checkbox"/> Other
<input type="checkbox"/> BC Hydro	<input type="checkbox"/> FortisBC	<input type="checkbox"/> Other

* The property listed on this Application was the subject of a Land Sale between the City and the Applicant

Date:	(Property Address)		
Sub Type: Check One			
<input type="checkbox"/> One Family Dwelling	<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> One Family with Secondary Suite	<input type="checkbox"/> One Family with Carriage House
<input type="checkbox"/> Secondary Suite	<input type="checkbox"/> Carriage House	<input type="checkbox"/> Garage or Carport	<input type="checkbox"/> Deck
<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Shed	<input type="checkbox"/> Other
Work Type: Check One – Worksheet Included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Other

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

Cost of Construction: _____ **Invoice to:** Owner Agent Contractor

Scope of Work: _____

PLEASE READ CAREFULLY AND FILL OUT ACCURATELY

Is the owner aware of the application? Yes No

Is the attached Agent Authorization Form filled out and signed? Yes No

Is there a Board of Variance appeal involved? Yes No

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):

Owner(s) of Property

<u>Owner:</u>	<u>Address and Postal Code:</u>	<u>Phone Number:</u>	<u>Email:</u>

Contractor Information

Name: _____ City of Coquitlam Business Number: _____

Contact: _____ Phone: _____ Email: _____
Name (please print) *Address* *(Postal Code)*

Applicant Acknowledgement (attendee at counter)

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

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 Name (please print) *Applicant Signature*

Address *(Postal Code)*

Date *Phone number* *Email*

Please note:

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).

The issuance of a permit, the review of plans and supporting documents, or inspections by the building and/or plumbing inspector or a registered professional are not a guarantee that the development complies with the BC Building Code or other applicable enactments and do not in any way relieve the owner, or his or her agent, from responsibility of carrying out construction in substantial compliance with the requirements of the BC Building Code, the City of Coquitlam Building and Zoning Bylaws and any other applicable bylaws of the City.

Agent Authorization Form for File Access or Permit Application

Date: _____	Property Address: _____
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(a) IF THE OWNER IS AN INDIVIDUAL:

() That I/we _____ am/are the owner(s) of the above property;
(print name(s) of owner(s))

OR

(b) IF THE OWNER IS A CORPORATION OR LIMITED PARTNERSHIP:

() That _____ is the owner of the above property
(print name of Corporation or Limited Partnership)

and hereby authorize my **Agent:** _____ Email: _____
(print Agent's name)

Address: _____
(City) (Phone) (Postal Code)

Agent's Company Name: _____

To **(check all that apply):**

- obtain file access and/or copies of plans;
- make an **application** for a permit; or
- act as my authorized agent for any matter pertaining to the permit

relating to the above-noted property on my behalf.

Signed by:

(a) WHERE THE OWNER IS AN INDIVIDUAL (per above section):

Owner's signature(s): _____ Owner's phone#: _____ Owner's Email: _____

Owner's Mailing Address: _____
(City) (Postal Code)

OR

(b) WHERE THE OWNER IS A CORPORATION OR LIMITED PARTNERSHIP (per above section):

Name of Corporation (or General Partner, in the case of Limited Partnerships): _____

Authorized Signatory: _____
(Print Name of Authorized Signatory - per attached Corporate Search) (Signature)

Corporation's Mailing Address: _____
(City) (Postal code) (Phone Number)

For Strata Property:

I hereby submit written authorization from **one** of the following parties:

- President of the Strata Council (recent copy of Strata Minutes are required to confirm the current name of the President); or
- The Property Management Company (signed authorization by the Director or Principal of the Property Management Company on official **Company Letterhead** (to confirm the current Property Management Company has agreement to grant agent authorization)

as a required supporting document to be an authorized agent to grant the authority noted above.

Bare Trust Agreement / Separate Beneficial Owner(s)?

- I/we am/are the beneficial owner(s) of the above-noted property.
- I/we acknowledge that there is a Bare Trust Agreement for the above-noted property and have provided a copy of the Bare Trust Agreement along with a BC Registry Search showing the owner(s) and general partner(s) of the owner(s) are in good standing.