

THE CORPORATION OF THE CITY OF PORT COQUITLAM
APPLICATION FORM FOR AN EQUIVALENCY PERMIT

APPLICATION DATE:

BUILDING SITE ADDRESS:

PARTIAL LEGAL DESCRIPTION: LOT # _____ PLAN # _____

I/We hereby make application under Section 2.5 of the British Columbia Building Code for an equivalency to:

BUILDING	CODE/REGULATION	REFERENCE:
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OWNER

Name _____

Address _____

City _____ Postal _____

Code _____

Telephone _____ Fax _____

Signature _____

Name _____

Address _____

City _____ Postal _____

Code _____

Telephone _____ Fax _____

Estimated Construction Value: \$ _____

Are there Existing Buildings on Lot? (Please specify) _____

Residential Commercial Industrial Institutional

Occupancy Use: (specify) _____

Fee Paid: _____

Cheque: Cash: Visa: MC: Interac:

Receipt: B# _____

Comments: _____

CONTRACTOR

Name _____

Address _____

City _____ Postal _____

Code _____

Telephone _____ Fax _____

Signature _____

Name _____

Address _____

City _____ Postal _____

Code _____

Telephone _____ Fax _____

Signature _____

Name (Please Print) _____

Name of Firm _____

Address _____

City _____ Postal Code _____

Code _____

Telephone _____ Fax _____

PROVINCE OF BRITISH COLUMBIA
SEAL