

THE CORPORATION OF THE CITY OF PORT COQUITLAM
APPLICATION FORM FOR OCCUPANT LOAD CONFIRMATION

APPLICATION DATE: _____

I/We hereby make application and provide plans for occupant load confirmation and to indemnify and keep harmless the City against all claims, liabilities, judgements, costs and expenses of whatever kind, which may in any way accrue against the said City in consequence of, and incidental to, the granting of this confirmation, if issued.

ESTABLISHMENT ADDRESS: _____

PARTIAL LEGAL DESCRIPTION: Lot # _____ Plan # _____

ESTABLISHMENT DESCRIPTION: _____

APPLICANT

Signature

Name (Please Print)

Address

City Postal Code

Telephone Fax

OWNER

Signature

Name (Please Print)

Address

City Postal Code

Telephone Fax

AGENT (if different from Applicant)

Signature

Name (Please Print)

Address

City Postal Code

Telephone Fax

(We do not plan review at the counter. Incomplete drawings may delay your application. Your signature acknowledges your acceptance of this policy.)

OCCUPANT LOAD INFORMATION

Total Occupant Load: _____

(including patrons and staff)

Occupant Load – Interior: _____

Occupant Load – Patio: _____

Patron Seating Capacity - Interior: _____

Patron Seating Capacity – Patio: _____

OFFICE USE ONLY

Application No.: _____

Three Sets of Drawings (full size and reduced): _____

Fee Paid (\$100.00 + HST) _____

Cheque: Cash: Visa: MC: AMEX:

Interac:

Receipt: B# _____