

Section 1. Site Address (Include Unit Number(s), if Applicable)

Address:	
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Section 2. Applicant Information (To Match Agent Authorization Form)

First, Last Name:			
Company Name:		Phone Number:	
Email Address:			
Mailing Address:			<input type="checkbox"/> Same As Site Address

Section 3a. Owner #1 of Property Information (To Match Title Form)

First, Last Name:			
Company Name:		Phone Number:	
Email Address:			
Mailing Address:			<input type="checkbox"/> Same As Site Address <input type="checkbox"/> Same As Applicant Address

Section 3b. Owner #2 (If Applicable)

<input type="checkbox"/> Not Applicable			
First, Last Name:			
Company Name:		Phone Number:	
Email Address:			
Mailing Address:			<input type="checkbox"/> Same As Site Address <input type="checkbox"/> Same As Applicant Address <input type="checkbox"/> Same As Owner #__ Address

Section 3c. Owner #3 (If Applicable)

<input type="checkbox"/> Not Applicable			
First, Last Name:			
Company Name:		Phone Number:	
Email Address:			
Mailing Address:			<input type="checkbox"/> Same As Site Address <input type="checkbox"/> Same As Applicant Address <input type="checkbox"/> Same As Owner #__ Address

Section 3d. Owner #4 (If Applicable)

<input type="checkbox"/> Not Applicable			
First, Last Name:			
Company Name:		Phone Number:	
Email Address:			
Mailing Address:			<input type="checkbox"/> Same As Site Address <input type="checkbox"/> Same As Applicant Address <input type="checkbox"/> Same As Owner #__ Address

Section 4. Builder Information

First, Last Name:			
Company Name:		Phone Number:	
Email Address:		Business Licence No:	
Mailing Address:			<input type="checkbox"/> Same As Site Address <input type="checkbox"/> Same As Applicant Address <input type="checkbox"/> Same As Owner #__ Address

Section 5. Building Type (Select <u>ALL</u> That Apply)		
<input type="checkbox"/> Residential Single Family	<input type="checkbox"/> Retaining Wall	<input type="checkbox"/> Commercial
<input type="checkbox"/> Residential Secondary Suite	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Institutional
<input type="checkbox"/> Residential Laneway House	<input type="checkbox"/> Carport	<input type="checkbox"/> Industrial
<input type="checkbox"/> Residential Duplex	<input type="checkbox"/> Deck	<input type="checkbox"/> Other
<input type="checkbox"/> Residential Triplex	<input type="checkbox"/> Shed	
<input type="checkbox"/> Residential Fourplex	<input type="checkbox"/> Swimming Pool	
<input type="checkbox"/> Residential Multi-Family (5 units or more)		

Section 6. Type of Construction (Select <u>ALL</u> That Apply)				
<input type="checkbox"/> Demolition of Existing Building(s)	<input type="checkbox"/> New Building(s)	<input type="checkbox"/> Addition	<input type="checkbox"/> Renovation	<input type="checkbox"/> Relocating of Existing Building(s)

Section 7. Summary of Proposed Project (Include Project Details such as Number of Buildings, Number of Dwelling Units, Name of Business, Scope of Work, Etc.)

Section 8. Other Details			
DP PROJ Number (If Applicable):		BP File Manager Name: (If Applicable)	
Estimated Value of Construction:	\$		
Number of Storeys to be Demolished:		Number of Storeys to be Built:	
Was the building built before 1990?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there Registered Professional(s) engaged in this project?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Section 9. Environmental Aspects Affecting the Property (Select <u>ALL</u> That Apply)		
<input type="checkbox"/> Environmental Sensitive Area (eg. SPEA)	<input type="checkbox"/> Steep Slopes/Ravine	<input type="checkbox"/> Not Applicable
<input type="checkbox"/> Riparian Area	<input type="checkbox"/> Contaminated Soils	
<input type="checkbox"/> Stream/Creek	<input type="checkbox"/> Flood Plain	
<input type="checkbox"/> Urban Forestry/Tree		

Section 10. Plumbing (Select <u>ALL</u> That Apply)		*Please Note - Separate Application Form Required	
<input type="checkbox"/> Exterior Services	<input type="checkbox"/> Plumbing Interior	<input type="checkbox"/> Fire Suppression System	<input type="checkbox"/> Not Applicable

Section 11. Checklist(s) - To Be Submitted (Select <u>ALL</u> That Apply)				
*Please Note - Separate Application Form Required For Alternative Solutions and Plumbing Permits				
<input type="checkbox"/> Development/Building Permit Compliance Checklist	<input type="checkbox"/> Demolition Permit Checklist	<input type="checkbox"/> Building Permit Checklist	<input type="checkbox"/> Plumbing Permit Checklist	<input type="checkbox"/> Alternative Solution Checklist

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

of application in any way. An appointment is required to make a major project building permit application (including large tenant improvement and mechanical applications). For more information on major projects, please visit our website. Please contact your Building Permit File Manager ("BP File Manager") to make an appointment. You may ask your Planner (from your Development Permit) to provide you with the name of your BP File Manager. If you do not have a BP File Manager, please contact permits@coquitlam.ca.

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 (Print)

Signature

Date (DD-MM-YYYY)

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.