

THE CORPORATION OF THE CITY OF PORT COQUITLAM
APPLICATION FORM FOR AN ALTERNATIVE SOLUTION

APPLICATION DATE _____

BUILDING SITE ADDRESS: _____

PARTIAL LEGAL DESCRIPTION: LOT # _____ PLAN _____

I/We hereby make application under the British Columbia Building Code for an alternative solution to:

BUILDING CODE/REGULATION REFERENCE: _____

OWNER

Name

Address

City Postal
Code

Telephone Fax

APPLICANT

Signature

Name

Address

City Postal Code

Telephone Fax

PROPOSED WORK

New Add Alteration Demo

Is there a childcare facility at this site? _____

Estimated Construction Value: \$ _____

Are there Existing Buildings on Lot? (Please specify)

USE OF PROPOSED BUILDING

Residential Commercial Industrial Institutional

Occupancy Use: (specify) _____

OFFICE USE ONLY

Permit #'s.: BP00 _____ PF00 _____ FP00 _____

Fee Paid: _____

Cheque: Cash: Visa: MC: Interac:

Receipt: B# _____

Comments: _____

CONTRACTOR

Name

Address

City Postal
Code

Telephone Fax

OWNER OR SIGNING OFFICER (If applicable)

Signature

Name

Address

City Postal
Code

Telephone Fax

**COORDINATING REGISTERED PROFESSIONAL
(If applicable)**

Signature

Name (Please Print)

Name of Firm

Address

City Postal Code

Telephone Fax

PROVINCE OF BRITISH COLUMBIA
SEAL