

THE CORPORATION OF THE CITY OF PORT COQUITLAM

APPLICATION FOR A PLUMBING PERMIT

APPLICATION DATE: _____

I/We hereby make application and provide plans under the provisions of the pertinent Bylaws for permission to construct, repair or alter the following building or structure and agree to comply with all the requirements of the said Bylaws 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 Permit, if issued.

BUILDING SITE ADDRESS: _____

PARTIAL LEGAL DESCRIPTION: Lot # _____ Plan # _____

OWNER

Name

Address

City

Postal Code

Telephone/Fax

Water Closet(s)

Wash Basin(s)

Bath Tub(s)

Shower(s)

Sink(s)

Water Tank(s)

Hose Bib(s)

CONTRACTOR

Name

Address

City

Postal Code

Telephone/Fax

Floor Drain(s)

Auto Washer(s)

Laundry Tub(s)

Dish Washer

Roof Drain (s)

Bidet

Outlet(s)

Other

OFFICE USE ONLY

Bldg. Permit No.: _____

Plbg. Permit No.: _____

Zoning: _____

Fee Paid: _____ CH() CA()

Receipt: B# _____ O() B() A()

Comments: _____

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

APPLICANT

Name

Signature

Telephone/Fax

THE CORPORATION OF THE CITY OF PORT COQUITLAM

APPLICATION FOR A FIRE SPRINKLER PERMIT

APPLICATION DATE: _____

I/We hereby make application and provide plans under the provisions of the pertinent Bylaws for permission to construct, repair or alter the following building or structure and agree to comply with all the requirements of the said Bylaws 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 Permit, if issued.

BUILDING SITE ADDRESS: _____

PARTIAL LEGAL DESCRIPTION: Lot # _____ Plan # _____

OWNER

Name

Address

City

Postal Code Telephone/Fax

Meters of fireline
Fire Department Connection(s)
Fire Hydrant(s)
Sprinkler Head(s)
Hose Cabinet(s)
Hose Outlet(s)
Wet/Dry Outlet(s)
Stand Pipe(s)

OFFICE USE ONLY

Bldg. Permit No.: _____
Plbg. Permit No.: _____
Zoning: _____
Fee Paid: _____ CH() CA()
Receipt: B# _____ O() B() A()
Comments: _____

CONTRACTOR

Name

Address

City

Postal Code Telephone/Fax

No. of Meters / Items

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APPLICANT

Name

Signature

Telephone/Fax

THE CORPORATION OF THE CITY OF PORT COQUITLAM

APPLICATION FOR A ON-SITE SERVICES PERMIT

APPLICATION DATE: _____

I/We hereby make application and provide plans under the provisions of the pertinent Bylaws for permission to construct, repair or alter the following building or structure and agree to comply with all the requirements of the said Bylaws 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 Permit, if issued.

BUILDING SITE ADDRESS: _____

PARTIAL LEGAL DESCRIPTION: LOT NO. _____ PLAN NO. _____

OWNER

CONTRACTOR

Name

Name

Address

Address

City

City

Postal Code Telephone

Postal Code Telephone/Fax

Manhole(s): _____
Interceptor(s) _____
Catch Basin(s) _____
Lawn Drain(s) _____
Fire Hydrant(s) _____
Sandtraps _____
Pump Chambers _____
Rain Water Leader(s) _____

Meters of Pipe _____
Water Main _____
Sanitary Sewer _____
Storm Sewer _____
Lawn Drain(s) _____
Sump(s) _____
Trench Drain(s) _____

OFFICE USE ONLY

Bldg. Permit No.: _____

Plbg. Permit No.: _____

Zoning: _____

Fee Paid: _____ CH() CA()

Receipt: B# _____ O() B() A()

Comments: _____

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

APPLICANT

Name

Signature

Postal Code Telephone/Fax

THE CORPORATION OF THE CITY OF PORT COQUITLAM

APPLICATION FOR A ENERGY PERMIT

APPLICATION DATE: _____

I/We hereby make application and provide plans under the provisions of the pertinent Bylaws for permission to construct, repair or alter the following building or structure and agree to comply with all the requirements of the said Bylaws 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 Permit, if issued.

BUILDING SITE ADDRESS: _____

PARTIAL LEGAL DESCRIPTION: LOT NO. _____ PLAN NO. _____

OWNER

Name

Address

City

Postal Code Telephone

Baseboard Radiant Heat _____

In Slab Radiant Heat _____

OFFICE USE ONLY

Bldg. Permit No.: _____

Plbg. Permit No.: _____

Zoning: _____

Fee Paid: _____ CH() CA()

Receipt: B# _____ O() B() A ()

Comments: _____

CONTRACTOR

Name

Address

City

Postal Code Telephone/Fax

Total Heating Demand _____

Boiler Model and Rating _____

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

APPLICANT

Name

Signature

Postal Code Telephone/Fax

THE CORPORATION OF THE CITY OF PORT COQUITLAM

APPLICATION FORM FOR A BUILDING MOVING PERMIT

APPLICATION DATE: _____

I/We hereby make application and provide plans under the provisions of the pertinent Bylaws for permission to move the following building and agree to comply with all the requirements of the said Bylaws 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 Permit, if issued.

BUILDING SITE ADDRESS (moved from): _____

PARTIAL LEGAL DESCRIPTION: Lot # _____ Plan # _____

BUILDING SITE ADDRESS (moved to) : _____

PARTIAL LEGAL DESCRIPTION: Lot # _____ Plan # _____

TYPE OF CONSTRUCTION: _____ Floor area: _____ Age: _____

OWNER

CONTRACTOR

Name

Name

Address

Address

City

City

Postal Code Telephone/Fax

Postal Code Telephone/Fax

Assessed Value of Building

Use of Proposed Building:

\$ _____

Residential _____

Specify All Existing Buildings on Lot

Commercial _____

Industrial _____

Institutional _____

OFFICE USE ONLY

Occupancy Use: (specify)

Bldg. Permit No.: _____

Plbg. Permit No.: _____

APPLICANT

Zoning: _____

Name

Fee Paid: _____ CH() CA()

Signature

Receipt: B# _____ O() B() A()

Telephone/Fax

Comments: _____

THE CORPORATION OF THE CITY OF PORT COQUITLAM

APPLICATION FOR AN EQUIVALENCY PERMIT

APPLICATION DATE: _____

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

BUILDING CODE/REGULATION REFERENCE: _____

BUILDING PERMIT NO: _____ ADDRESS OF PROJECT: _____

PARTIAL LEGAL DESCRIPTION: LOT NO. _____ PLAN NO. _____

OWNER

Name

Address

City

Postal Code Telephone

REGISTERED PROFESSIONAL

Name

Address

City

Postal Code Telephone/Fax

APPLICANT

Name

Address

City

Postal Code Telephone/Fax

1. A description of the proposed measures must be attached to this form.
2. Documentation supporting the equivalency to be attached to this form.
3. If information is supplied by a registered professional a letter of assurance may be required by the Building Inspector.
4. A letter of assurance may be required before occupancy is approved.

OFFICE USE ONLY

Equivalency No.: _____

Fee Paid: _____ CH() CA()

Receipt: B# _____ O() B() A()

Comments: _____

**(PROVINCE OF BRITISH COLUMBIA)
SEAL**

