

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

AGENT (if different from Applicant)

Name

Name

Address

Address

City

Postal Code

City

Postal Code

Telephone

Fax

Telephone

Fax

Signature

Signature

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

OWNER

Name

Address

City

Postal Code

Telephone

Fax

Signature

OCCUPANT LOAD INFORMATION

Occupant Load: _____

(including patrons and staff)

Patron Seating Capacity: _____

OFFICE USE ONLY

Application No.: _____

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

Fee Paid (\$100.00 + GST): _____ CH() CA()

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