

Application for an Alternate Solution

When a design differs from the acceptable solutions of the Building Code then it should be treated as an Alternate Solution. A proponent of the Alternate Solution must demonstrate that the Alternate Solution addresses the same issues as the applicable acceptable solution in the BC Building Code. These usually require a report from a registered architect or professional engineer. For more information about building requirements, visit www.portcoquitlam.ca/business.

TO BE COMPLETED BY APPLICANT

I/We hereby make application and provide drawings 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 requirements of the Bylaws and to indemnify and keep harmless the City against all claims, liabilities, judgments, 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.

Application Date: _____

Building Site Address: (include postal code) _____

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:

Property Owner: _____

Owner Address (incl. postal code): _____

Owner Email: _____ Owner Phone: _____

Contractor: _____

Contractor Address (incl. postal code): _____

Contractor Email: _____ Contractor Phone: _____

Applicant (Primary Contact) Owner (info above) Contractor (info above)

Applicant Name: _____

Applicant Address (incl. postal code): _____

Applicant Phone: _____ Applicant Email: _____

PROPOSED WORK

Building: New Addition Alteration Demolition Change of Use

Is there a child care facility on the site? Yes No

Estimated Construction Value: _____

CITY OF PORT COQUITLAM

Are there existing buildings on the lot? (If yes, please specify) _____

What is the proposed use of the building? Residential Commercial Industrial Institutional

Occupancy Use (please specify): _____

OFFICE USE ONLY

Application #: _____ Fee Paid: _____ Receipt: B# _____

Cheque Cash Visa MC AMX Interac

APPLICANT ACKNOWLEDGEMENT

The undersigned make this application to the Director of Development Services, have fulfilled the complete application requirements, and agree to pay any additional costs incurred by the City for services in processing the application.

Authorized Signature: _____ Date: _____

Print Name: _____

Note: Any documentation of information relating to the application that is in the custody or control of the City is subject to the Freedom of Information and Protection of Privacy Act (B.C.)