



Building Permit Application Form

SUBJECT PROPERTY:

Civic Address: _____

Legal Description: _____

CONTACT INFORMATION:

Applicant Name: _____

Business Name (if applicable): _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

(please identify your preferred means of contact with an asterisk.)

Contractor: _____ *(ensure a valid Business License is obtained)*

Phone Number: _____ Fax Number: _____

APPLICATION DETAILS:

Type of Application

- | | |
|---|--|
| <input type="checkbox"/> Single Family Dwelling | <input type="checkbox"/> Duplex |
| <input type="checkbox"/> Multi-Family Dwelling | <input type="checkbox"/> Suite <i>(new construction)</i> |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Garage/Carport |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Deck |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Agricultural | <input type="checkbox"/> Other: _____ |

Type of Work

- New
- Addition
- Renovation
- Tenant Improvement

Estimated Construction Value: _____

Details: _____

Owner Signature:

Print Name

Date

NOTICE: Personal information requested on this form is collected under the authority of Section 26 of the Freedom of Information and Privacy Act, R.S.B.C. 1996, c. 165, as amended. Unless otherwise specified, the information gathered will be used by the City of Pitt Meadows for processing this application. Questions about the collection, use, and disclosure of this information should be directed to the Head for Freedom of Information and Protection of Privacy, City of Pitt Meadows, 12007 Harris Road, Pitt Meadows, BC, V3Y 2B5, 604-465-2433.