

Application Da	e:

Date

REQUEST FOR BUILDING PERMIT INFORMATION

(for single family residential properties within the City of Parksville)

Name:			
Address:			
Email:		City Pho i	Province Postal Codne/Cell #:
All requests for bu	uilding permit infor	mation must be signed by <u>al</u>	I registered property owner
Signature of Owner		Print Name	Date:
Signature of Owner		Print Name	Date:
LEGAL DESCRIPTION	ON OF PROPERTY:		
PID:		Civic Address:	
Legal Description:		D: 1: 11 1	DI N
	Lot No.	District Lot	Plan No.
REQUEST FOR:			
Historic House Plans			□ \$100 (paper copy)
Historic House Plans		,	□ \$100 (paper copy) □ \$40 (USB flash drive
REQUEST FOR: Historic House Plans for current owner (sin Occupancy Permit	gle family residential)		
Historic House Plans for current owner (sin	gle family residential)		□ \$40 (USB flash drive