

Application	Date:

## REQUEST FOR BUILDING PERMIT INFORMATION

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

Address:			
Email:		ity Phone/Ce	Province Postal (
*All requests for building permit inforr	mation must be signed by	y <b>all</b> regis	stered property owne
Signature of Owner	Print Name		Date:
Signature of Owner	Print Name		Date:
LEGAL DESCRIPTION OF PROPERTY:			
	Civic Address:		
PID: ( Legal Description:			
PID: (			Plan No.
PID: ( Legal Description: ( Lot No.  REQUEST FOR: ( Historic House Plans			
PID:	District Lot  □ \$100 (paper copy)		
Lot No.	District Lot  □ \$100 (paper copy) □ \$40 (USB flash drive)		

Personal information is collected under authority of the Land Title Act, Local Government Act, Strata Property Act and Freedom of Information Act (British Columbia) and will only be used for the purpose of processing the development permit application and ancillary documentation. For further inquiries please contact the City's Freedom of Information Coordinator at 250 954 4660.