



PLAN REQUEST APPLICATION
Request for House/Building Plans

***Signed permission from owner required if requestor is not the property owner**

Requestor Information:

Name _____
 Email Address _____
 Company & Address _____
 Phone _____ Cell _____

Information Requested:

CIVIC ADDRESS OF PROPERTY: _____

| | | |
|-----------------------|---|---|
| BUILDING TYPE: | <input type="checkbox"/> Residential | <input type="checkbox"/> Commercial |
| COPIES: | <input type="checkbox"/> 24" x 36" | <input type="checkbox"/> Send electronic copy only <i>*(applicant must provide a new USB drive, must be in unopened package)</i> |
| DRAWINGS: | <input type="checkbox"/> Structural <input type="checkbox"/> Architectural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Other _____ | <input type="checkbox"/> Landscaping <input type="checkbox"/> Interior <input type="checkbox"/> Exterior <input type="checkbox"/> Elevations |

FEES: (All copies are black & white)

| | |
|---|--------------------|
| <input type="checkbox"/> 24" x 36" | \$10.00/page + GST |
| <input type="checkbox"/> Letter size (8 1/2 x 11) | \$ 1.00/page + GST |
| <input type="checkbox"/> Ledger size (11 x 17) | \$ 2.00/page + GST |

SUBMIT

RESET

or print & fax to 250-723-3402

OFFICE USE ONLY:



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PLEASE BE ADVISED THAT I, _____ BEING THE REGISTERED OWNER OF
(NAME OF OWNER – PLEASE PRINT)

_____ HEREBY AUTHORIZE
(CIVIC ADDRESS – INCLUDE UNIT NUMBERS)

_____ AS MY AGENT TO VIEW AND REQUEST
(NAME OF AGENT AND COMPANY NAME)

COPIES OF HOUSE/BUILDING PLANS THE CITY HAS ON RECORD FOR THE ADDRESS LISTED ABOVE.

DATE: _____ ✕ OWNER SIGNATURE: _____

4850 ARGYLE STREET, PORT ALBERNI, BC V9Y 1V8

TELEPHONE: 250-720-2832 . FAX: 250-723-3402 . INTERNET WWW.PORTALBERNI.CA