



Building Division, Planning and Development Department  
4949 Canada Way, Burnaby, BC V5G 1M2  
Phone: 604-294-7130 Fax: 604-294-7986  
www.burnaby.ca/building



## ALTERNATIVE SOLUTION APPLICATION FORM

Application Date: \_\_\_\_\_

Alternative Solution Number: **AS**

### Section 1: Property Information

|                           |             |               |                                    |              |
|---------------------------|-------------|---------------|------------------------------------|--------------|
| <b>SITE ADDRESS:</b>      |             |               | <b>BUILDING PERMIT NUMBER:</b> BLD |              |
| <b>LEGAL DESCRIPTION:</b> | <b>LOT:</b> | <b>BLOCK:</b> | <b>D.L.:</b>                       | <b>PLAN:</b> |

### Section 2: Contact Information

|  |                |                     |
|--|----------------|---------------------|
| <b>APPLICANT NAME:</b>   |                |                     |
| <b>COMPANY NAME:</b>   |                |                     |
| <b>ADDRESS:</b>  | <b>CITY:</b>   | <b>POSTAL CODE:</b> |
| <b>PHONE NUMBER:</b>   | <b>E-MAIL:</b> |                     |
| <b>CERTIFIED REGISTERED PROFESSIONAL (CRP):</b>  |                |                     |
| <b>ADDRESS:</b>  | <b>CITY:</b>   | <b>POSTAL CODE:</b> |
| <b>PHONE NUMBER:</b>   | <b>E-MAIL:</b> |                     |
| <b>DEVELOPER:</b>  |                |                     |
| <b>ADDRESS:</b>  | <b>CITY:</b>   | <b>POSTAL CODE:</b> |
| <b>PHONE NUMBER:</b>   | <b>E-MAIL:</b> |                     |
| <b>PREFERRED CONTACT:</b>  |                |                     |
| <b>ADDRESS:</b>  | <b>CITY:</b>   | <b>POSTAL CODE:</b> |
| <b>PHONE NUMBER:</b>   | <b>E-MAIL:</b> |                     |
| Who will be paying the Alternative Solution(s) Fee(s): <input type="checkbox"/> Applicant <input type="checkbox"/> CRP <input type="checkbox"/> Developer <input type="checkbox"/> Preferred Contact |                |                     |

### Section 3: Alternative Solutions(s) (as) Brief Description(s):

|             |       |              |       |
|-------------|-------|--------------|-------|
| <b>AS1:</b> | _____ | <b>AS6:</b>  | _____ |
| <b>AS2:</b> | _____ | <b>AS7:</b>  | _____ |
| <b>AS3:</b> | _____ | <b>AS8:</b>  | _____ |
| <b>AS4:</b> | _____ | <b>AS9:</b>  | _____ |
| <b>AS5:</b> | _____ | <b>AS10:</b> | _____ |

I acknowledge that the alternative solution fee is non-refundable.

The purpose of the collection is to process your application for an alternative solution(s). It will be retained as a record of your application with the Building Division and may be used to contact the parties involved in this project.

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date