



City of Burnaby

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

**APPLICATION TO
ACCESS AND COPY
BUILDING RECORDS**

**To be completed in full by either the registered owner
or owner authorized applicant.**

This will confirm that the following applicant may view and copy Permit plans and records for:

Property Address (*print*) _____

Applicant Information:

Applicant's Name and Name of Company - if applicable (*print*) _____

Address (*print*) - **if different from project address** _____

E-mail Address: _____ Phone Number: _____

It is understood that this authorization expires 30 days after the date of submission. This document does not authorize the Inquirer to undertake work on the property. Property owners remain responsible for control of activities on the property.

- Under Burnaby Building Bylaw 2004, a lessee with authority to build, is considered an owner. Lessees must provide evidence of such authority.
- The City of Burnaby does not guarantee the accuracy or completeness of the information being provided. The City is not responsible for costs incurred or damages sustained as a result of errors, deficiencies, and/or omissions in the documents. Information disclosed pursuant to the Freedom of Information and Protection of the Privacy Act and the Federal Copyright Act.

Applicant's Signature _____

Date of Submission (*print*) _____

Name of Registered Owner/Company (*print*) _____

Registered Owner's Signature _____

Date (*print*): _____

STRATA PROPERTY: (*additional authorization required from Strata/Management*)

We, the Strata Council, represent the owner(s) of the above noted property address and hereby consent to viewing and copying of documents pertaining to this property. We understand that authorization for strata properties grants the applicant full access to documents and plans for the entire building/complex.

Name of Strata/Management Signatory (*print*) _____

Signature _____

Date (*print*): _____

FOR OFFICE USE ONLY:

INQ# _____ DATE: _____ INITIALS: _____

AMOUNT:\$ _____

PAYMENT Visa M/C

TYPE: Debit Cash