



Application Date: _____
 Plan Checker: _____
 Phone #: 604 _____
 Email: _____

APPLICATION FOR OCCUPANT LOAD/LIQUOR LICENCE REFERRAL

Building Address: _____ Postal Code: _____

Legal Description: Lot: _____ Block: _____ D.L. _____ Plan: _____

Business Name: _____ Unit #: _____

Occupancy Type: Restaurant: Other:

Building Owner(s): _____ E-mail: _____

Address: _____ Postal Code: _____ Phone: _____

Business Owner(s): _____ E-Mail: _____

Address: _____ Postal Code: _____ Phone: _____

Preferred Contact: _____ E-mail: _____

Address: _____ Postal Code: _____ Phone: _____

Total number of occupants: _____

Number of staff: _____

Number of patrons inside: _____

Number of patrons outside (if applicable ie. patio): _____

I acknowledge that the occupancy load fee is non refundable.

The information on this form is collected under the authority of the current Burnaby Building Bylaw and is in accordance with the Freedom of Information and Protection of Privacy Act. The purpose of the collection is to process your application for an occupant load permit. It will be retained as a record of your application and may be used to contact the parties involved in this project. The name of the applicant, the name and address of the business associated with the application and the address to which the occupant load pertains may be made available to the general public. If you have any questions about the collection and use of this information, please contact the Building Department at 604-294-7130.

Applicant (Print Name) _____ Signature _____ Date _____

FOR STAFF USE ONLY
CIRCULATION

Plan Checking - Building _____ Date Forward _____ Returned _____ Current Planning _____ Date Forward _____ Returned _____

Comments

Occupant Load #: OCL _____ Application Fee: _____