

City of Burnaby
Building Department, Electrical Inspections Division
4949 Canada Way, Burnaby, BC V5G 1M2
Telephone: 604-294-7130 Fax: 604-294-7986 www.burnaby.ca/building

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HOMEOWNER'S D	ECLARATION
I/We,	, certify that I/we the registered owner(s) of a
detached single-family dwelling without a secondary suite, and reside or in	
action of smile control of the contr	, Burnaby, BC
and barehy make application for the following permit(a):	, bulliaby, bo
and hereby make application for the following permit(s):	
PERMIT	S
	Office Use Only
☐ Plumbing (sketch required)	Permit No. PLM
Gas	Permit No. GAS
Heating	Permit No. HTG
Electrical (I declare that I have read the "Electrical Safety Homeowner Informate http://safetyauthority.ca/publications/electrical-safety-homeowner-gu	
PERSON(S) ASSISTING (qualifica	ntion number if Electrician)
Name: Email:	
Qualification #: Phone	e: Cell:
	·-
APPLICA	NI
I certify that there is no other dwelling or premises directly attache assistance, or with assistance from a qualified person named a remuneration, and that I accept full responsibility for the safe and put with the Safety Standards Act and any applicable City Bylaws.	bove who is not under contract to me and will not receive
Dated this day of	Year