



Building Permit Application

Building Division

604.469.4534 • www.portmoody.ca

**YOU MUST BOOK AN APPOINTMENT TO SUBMIT A BUILDING PERMIT APPLICATION.
CALL 604.469.4534 OR EMAIL BUILDINGPERMITS@PORTMOODY.CA TO BOOK ONE**

Check all that are applicable

<input type="checkbox"/> New building	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	

Describe the proposed work/use

Address of site:	Zoning:
Legal Description: Lot:	Block: Plan:
Are there buildings on the property now? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, what building?:	

Owner Information

Name:	Address:	Postal Code:
Home #:	Work #:	Cell #:

Owner's Agent Information

Name:	Address:	Postal Code:
Work #:	Cell #:	

Contractor

Name:	Business License #:
Address:	Postal Code:
Work #:	Cell #:

The owner is responsible to provide copies of notations on title.

Are there any covenants, easements or right-of-ways on the property?	<input type="checkbox"/> yes <input type="checkbox"/> no
If so, what are the details:	

The City of Port Moody provides all inspection and monitoring reports by email only. Please let us know who should receive a copy of these reports (homeowner, contractor etc), along with their email address.

Contact Name	Email Address

Print name:	<input type="checkbox"/> owner <input type="checkbox"/> agent
Applicant's signature:	Date:

Email this form back to buildingpermits@portmoody.ca

Fax this form back to 604.469.4533

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Payment Information

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To ensure the accuracy of our account information, you **must attach a void cheque or account information from a Financial Institution.** **The payee information must match the cheque provided.**

Email the completed form to building@portmoody.ca or drop off in person at City Hall located on the second floor at 100 Newport Drive, Port Moody, BC.

Project Address:

Payee Information

Name:

Customer Address:

Phone:

Email:

Signature:

Date:


For City of Port Moody Use Only

BP#

Copy sent to Finance

Refund to *(provide copy of cheque)*:

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