**SCHEDULE C  
Letter of Appointment**

City of Port Moody Stream and Drainage Bylaw, 2023, No. 3426

Pertaining to Building Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_ and/or Development Permit # \_\_\_\_\_\_\_\_\_\_\_\_\_   
  
and/or capital works on City lands in the City of Port Moody, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  
  
I/we \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ confirm that I/we have retained:

ADDRESS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner/ Authorized Agent:** | | | **Additional Owner(s), if applicable:** | |
| NAME: |  | | NAME: |  |
| COMPANY: |  | | COMPANY: |  |
| PHONE NUMBER: |  | | PHONE NUMBER: |  |
| ADDRESS: |  | | ADDRESS: |  |
| SIGNATURE: |  | | SIGNATURE: |  |
| **ESC Designer:** | | | | |
| NAME: |  | | Professional Seal If applicable | |
| COMPANY: |  | |
| PHONE NUMBER: |  | |
| ADDRESS: |  | |
| QUALIFIED PROFESSIONAL: | | YES  NO |
| SIGNATURE: |  | |
| **ESC Supervisor:** | | | | |
| NAME: |  | | Professional Seal If applicable | |
| COMPANY: |  | |
| PHONE NUMBER: |  | |
| ADDRESS: |  | |
| QUALIFIED PROFESSIONAL: | | YES  NO |
| SIGNATURE: |  | |
| **DATE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| Personal information is collected by the City of Port Moody pursuant to Section 26 of the British Columbia Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c. 165. Information collected will be used solely for the fulfillment of requirements for an Erosion and Sediment Control (ESC) Permit application. Questions regarding this collection of information can be directed to the City of Port Moody Election Office by email at foi@DQt1moodv.ca or by mail to 100 Newport Drive. Port Moody, B.C. V3H 5C3. | | | | |