



COMMUNITY SERVICES
Development Services
Enquiry Centre

IA INSPECTION – TENANT/AGENT

IA: _____

AGENT FOR OWNER’S AUTHORIZATION

DATE: _____

RE: _____
(address of building)

SPECIFIC ADDRESS: _____
(unit #, suite #, floor level, portion of floor area)

I, _____ have the permission from the
(tenant or purchaser or agent)

Registered Owner _____ to authorize
(owner’s name)

a *Special Building Inspection* on _____
(address of property)

to determine whether the above-noted address or portion of the existing building
complies with the Vancouver Building By-law for the proposed use as a

Signature of Authorized
Applicant: _____

Name (please print): _____

Address: _____

City: _____

Postal Code: _____

Phone No.: _____

Cell No.: _____