



COMMUNITY SERVICES
Development Services
Enquiry Centre

IA INSPECTION – OWNER

IA: _____

OWNER'S AUTHORIZATION

DATE: _____

RE: _____
(address of building)

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

I, _____ am the Registered
(print name)

Owner of the property at _____ and I am
(property address)

authorizing you to carry out a *Special Building Inspection* to determine whether the above-noted address or portion of this existing building complies with the Vancouver Building By-law for the proposed use as _____

Signature of Authorized Applicant: _____

Name (please print): _____

Address: _____

City: _____

Postal Code: _____

Phone No.: _____

Cell No.: _____