Clear Form

Date: _____

City of Vancouver
Development Permit Review

Mail to: 453 West 12th Avenue

Vancouver, BC V5Y 1V4

Drop off to: 515 West 10th Avenue

tel: 604.873.7611

INTERNAL USE ONLY	
Date Received: _____	PC: _____
Receipt Number: _____	Development Planner: _____
Amount Received: _____	LDS: _____
Initial: _____	(DREV) 20____/_____/_____
DP No.:	(TECH) 20 ____/_____/_____

To Whom It May Concern:

Re: Property Address: _____

I am requesting a Minor Amendment to Development Permit Number DE/DP__ __ _____ to
(Please describe changes in detail):

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Yours Truly,

_____
Signature of the Applicant

Applicant: (please print clearly)

Name: _____

Company Name: _____

Mailing Address: _____

City, Province: _____ Postal Code: _____

Phone Number: _____

Email: _____

You are the:
- ☐ Property Owner
- ☐ Contractor
- ☐ Certified Professional
- ☐ Design Professional
- ☐ Tenant
- ☐ Agent for Owner
- ☐ Agent for Tenant
- ☐ Consultant
- ☐ Non-Profit Association

Cert No: _____
- ☐ Civic Department
- ☐ Other

Print Form