

For Office Use Only:	
<b>Date Of Inspection:</b>	<b>IA No.:</b>

**Date of Application:** \_\_\_\_\_

**Address of Building:**

Street No.	Street Name	Suite/Unit No.
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**Owner's Authorization:**

<input type="checkbox"/> I am the Registered Owner	<input type="checkbox"/> I have permission from the Registered Owner
Property Owner's Name	

**Applicant Information:**

First Name (if different than above)		Last Name (if different than above)	
Street No.	Street Name		Suite/Unit No.
City/Town		Province	Postal Code
Phone Number		Email	
Alternate Contact		Alternate Contact Phone Number	

I am authorizing a Special Inspection to be carried out by Building, Plumbing, Electrical, Fire and/or Property Use Inspectors to determine whether the above noted address or portion of this existing building complies with the Vancouver Building By-Law, Electrical By-Law, Fire By-law, and/or Zoning and Development By-law for (please select one of the following options):

Upgrading requirements to retain/install a secondary suite in the above building, and to confirm that the secondary suite is finished area (i.e. gypsum wallboard on walls and ceiling), and that the suite will not be gutted, or reconfigured before and/or after the Secondary Suite Special Inspection.

The Proposed use as: \_\_\_\_\_

Related to a Care Facility:  
Name of Facility: \_\_\_\_\_

Number of People: \_\_\_\_\_ Age Group(s): \_\_\_\_\_

Addition of people to an existing program       New Facility

Re-occupancy of a space or a unit within a building that has been declared unsafe to occupy.

**Please read and complete the following:**

- **The non-refundable portion of the fee is currently \$85.00**
- The inspectors will require access to all buildings on-site. A re-inspection fee will be charged if the inspectors cannot gain access to any or all buildings.
- The owners will be notified of any remedial work and additional permits that will be required to complete the proposed work.
- Any hazardous deficiencies identified during the inspection must be rectified.

Signature of owner/authorized applicant: \_\_\_\_\_