

## Building Department Request for Documents -- Application Form

Address/Property						
Requester (Please select)	Owner R	Representative (A	uthoriza	tion letter attach	ed)	
Record (s) Requested (Plea	ise Select)	Drawings & F	lans _	Permits S	eptic Records	
	REQUESTE	R CONTACT IN	FORMA	ATION		
First Name Middle Name		lle Name	Last Name			
Company Name (if applic	able)					
Address		City or Town		Province	Postal Code	
		-				
Phone Number (Day)	Phone I	Phone Number (Evening)		Email Address		
Drawings may not accurate modifications that do not of subsequent to construction information provided and	contravene the contra	he Building Co ship of King do neld liable for a	de Regu pes not g ctions a	ulation may have guarantee the acts as a result of the	ve been made ccuracy of the e use of record(s)	
By signing below, We/I the acknowledge that copyrigh as plans for construction, n	ted documen	nts may not be	reprodu			
Requester		Date Received				
OFFICE USE						
Personal information has be		* *	Each co	py is stamped '	'Copyright"	
and stamped "Not As –Bui			45			
Courier Costs, plus copying	g and binding	g costs plus x 1	.4			
Building Staff				Date Co	mpleted	

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