

FIRE SERVICE PERMIT Application

Registered Owner: (please pr	rint)			
Name(s):				
Address:				
City:				Postal Code:
Phone:	Cell:			Fax
Email:				
Applicant: (please complete if different from above)				
Name(s):				
Address:				
City:			Postal Code:	
Phone:	Cell:			Fax
Email:				
Subject Property:				
Civic Address:	_			
City:				Postal Code:
Legal Description: Lot	Section Range	District		Plan
Parcel Identifier No:				Folio No:
Authorization: I/We declare that all of the above statements and information contained in the material submitted in support of this application are, to the best of my/our knowledge, true and correct in all respects. Where the applicant is not the REGISTERED OWNER, the application must be signed by the REGISTERED OWNER acknowledging this application. Applicant's Signature: Registered Owner's Signature:				
Date:			Date:	
OFFICE USE ONLY:	Date Received:		File No.:	
Costs:		_		Paid Stamp:
Fire Inspection	(MS - FIREINSP)	\$100 + GST	\$	
File Search		\$50 + GST	\$	
		TOTAL:	\$	

If the project does not proceed, the City will retain the fees.

Personal information you provide on this form is collected pursuant to Section 26 of the *Freedom of Information and Protection of Privacy Act* and will only be used for the purpose of processing this application. Your personal information will not be released except in accordance with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of your personal information may be referred to the Corporate Services Coordinator by email: duncan@duncan.ca or phone: 250-746-6126.