



## BUILDING PLANS REQUEST FORM

Property Civic Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

**Property Owner (s): Please print clearly**

*Any personal information provided below is collected pursuant to section 26 of the Freedom Information and the Protection of Privacy Act, the bylaws of the municipality under the Local Government Act, and under the authority of those enactments. Questions about the collection of the information may be directed to the Corporate Officer*

Name		
Address	City & Province	Postal Code
Phone	Email	

**Agent Authorization or Strata Approval Letter**

- **If the subject property is Strata Titled**, then a letter authorizing the Strata President or designate to act on the owner's behalf would be required at time of submission  
Plans for apartments or condo complexes may not contain drawings for individual units. Often, only a typical plan of each floor will be submitted. Suites are usually not identified by their unit number on these typical floor plans, although there may be drawings of specific unit types.
- **If you are not the registered owner of the subject property**, please complete page two.

**Copying**

Building plans may be available electronically, which will be emailed; however plans in paper format will be sent off-site for copying at the requestor's expense.

**Copyright Acknowledgement (requestor to complete)**

I, \_\_\_\_\_, acknowledge that the request records and/or requested plans for the subject property with the civic address of \_\_\_\_\_, may be subject to copyright Protection.

I confirm that the records requested are to be used solely for research or private study; that any use of the copy for a purpose other than research or private study may require the authorization of the copyright owner of the work in questions; and that I will not use the records for any purpose that would violate the copyright or moral rights of the author of the records, without the consent of the author.

**By signing below I hereby agree to pay the Service Provider for all copying and handling charges incurred in copying the above requested building plans.**

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

## PERMISSION TO ACCESS BUILDING PLAN RECORDS

Complete this section if you are acting on behalf of the Property Owner – Owner **MUST** sign below

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Please be advised that I/we, \_\_\_\_\_  
REGISTERED OWNER(S)

being the registered owner(s) of \_\_\_\_\_  
CIVIC ADDRESS

give permission to \_\_\_\_\_  
NAME PHONE

of \_\_\_\_\_  
COMPANY NAME IF APPLICABLE

to view and receive copies of the building plans on record for the address listed above.

Owner(s) Signature: \_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME(S)

**During the Coronavirus (COVID-19) pandemic, all requests must be submitted by email to [building@esquimalt.ca](mailto:building@esquimalt.ca)**

If you have any questions, please contact Building at 250-414-7103



1229 Esquimalt Road  
Esquimalt BC V9A 3P1  
PHONE: 250-414-7103  
FAX: 250-414-7160  
[www.esquimalt.ca](http://www.esquimalt.ca)

## AGENT AUTHORIZATION

Date: \_\_\_\_\_

Please be advised that I/we, \_\_\_\_\_  
(PRINT NAME(S))

As the registered owner(s) of \_\_\_\_\_  
(ADDRESS)

Appoint \_\_\_\_\_ as an agent authorized  
(NAME OF PERSON TO ACT AS AGENT)

\_\_\_\_\_  
(ADDRESS/PHONE NUMBER OF AGENT)

To receive permits on behalf of the registered owner for the above referenced address.

Owner(s)  
Signature: \_\_\_\_\_  
\_\_\_\_\_