

Change of Occupancy Classification



Hold No.

Permit No.

SOUTHERN GULF ISLANDS
WILLIS POINT & MALAHAT
BUILDING INSPECTION
 Mail to: P.O. Box 1000 (625 Fisgard Str)
 Victoria, BC, V8W 2S6
 (250)360-3230 FAX (250)360-3232
 Toll Free: 1-866-475-1581

JUAN DE FUCA
BUILDING INSPECTION
 3-7450 Butler Rd.
 Sooke, BC V9Z 1N1
 (250)642-8109 FAX (250)642-5274

SALT SPRING ISLAND
BUILDING INSPECTION
 206 - 118 Fulford Ganges Rd.
 Salt Spring Island, BC, V8K 2S4
 (250)537-2711 FAX (250)537-9633

PENDER ISLAND
BUILDING INSPECTION
PO BOX 1000
VICTORIA BC V8W 2S6
(250)360-3230

PLEASE PRINT CLEARLY

Pursuant to the regulations applicable to the CAPITAL REGIONAL DISTRICT:

I, _____, being _____, # _____, Street _____, City _____, Postal Code _____, the owner hereby make application to **CHANGE THE OCCUPANCY CLASSIFICATION** of the building or a portion of the building located at: _____.

LEGAL DESCRIPTION

FOLIO No. _____

Lot _____ Section _____ Block _____ Plan No. _____ District _____

Present use of Building or Part of Building: _____

Proposed Change to: _____ Use.

Telephone No. _____

Date _____

Signature of Applicant _____

Signature of Property Owner _____

Office Use Only

FROM

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Group A, Division 1 | <input type="checkbox"/> Group A, Division 2 | <input type="checkbox"/> Group A, Division 3 | <input type="checkbox"/> Group A, Division 4 |
| <input type="checkbox"/> Group B, Division 1 | <input type="checkbox"/> Group B, Division 2 | <input type="checkbox"/> Group C | <input type="checkbox"/> Group D |
| <input type="checkbox"/> Group E | <input type="checkbox"/> Group F, Division 1 | <input type="checkbox"/> Group F, Division 2 | <input type="checkbox"/> Group F, Division 3 |

TO

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Group A, Division 1 | <input type="checkbox"/> Group A, Division 2 | <input type="checkbox"/> Group A, Division 3 | <input type="checkbox"/> Group A, Division 4 |
| <input type="checkbox"/> Group B, Division 1 | <input type="checkbox"/> Group B, Division 2 | <input type="checkbox"/> Group C | <input type="checkbox"/> Group D |
| <input type="checkbox"/> Group E | <input type="checkbox"/> Group F, Division 1 | <input type="checkbox"/> Group F, Division 2 | <input type="checkbox"/> Group F, Division 3 |

AUTHORITY	REJECTED	APPROVED	SIGNATURE	DATE	COMMENTS
BUILDING INSPECTION					
PLANNING ZONING					
HEALTH					
FIRE DEPARTMENT					