PERMIT NUMBER:

To be completed by permit applicant and submitted on or before the Documentation Meeting

STRATA LOT # UNIT # ASSIGNMENT

PROPERTY INFORMATION

Civic Address: _____

Legal Description: _____

APPLICANT INFORMATION

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

COMMENTS:

_____

_____

_____

_____

_____

_____

Folio	Strata Lot #	Unit #

Folio	Strata Lot #	Unit #

BUILDING PERMITS & LICENCES
604-864-5525
Building-info@abbotsford.ca
www.abbotsford.ca

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PERMIT NUMBER:

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STRATA LOT
UNIT # ASSIGNMENT

Folio	Strata Lot #	Unit #

Folio	Strata Lot #	Unit #

Signature:_____ Date:_____

BUILDING PERMITS & LICENCES
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