



Portable and Temporary Buildings Application (BG)

Date: _____

Construction Address _____

Legal Description _____

Registered Owner _____ Tel _____

Contractor's Business Name _____ Tel _____

Contractor's Current **Maple Ridge Business Licence** # _____

Coordinating Registered Professional _____ Tel _____

Architect _____ Tel _____

Structural Engineer _____ Tel _____

Sub-Type:

☐ Portable Office ☐ Portable Classroom ☐ Commercial ☐ Industrial ☐ Institutional

Work Type:

☐ New ☐ Addition ☐ Foundation Only Temporary Building - ☐ Yes ☐ No.

Explain in detail what you are doing _____

If this permit is for Foundation Only, please provide

- Total area of Foundation _____

And servicing questions in the next column **only**.

- Wet or Dry _____

- Use of Structure _____

- Total Floor Area _____

Underground Electrical Duct? ☐ Yes ☐ No

of Metres: Perimeter Drain _____

of Metres: Sanitary Sewer _____

of Metres: Storm Sewer _____

of Metres: Water Service _____

of Rain Water Leaders _____

of Fire Hydrants _____

of Manholes _____

of Sumps _____

of Floor Drains _____

of Catch Basins _____

Construction Value \$ _____

Applicant's Signature: _____ Contact's Name: _____

(please print)

Applicant's Phone No. _____ Contact's Phone No. _____