



# Tenant Improvement Application (BG)

PLEASE VERIFY USE BEFORE MAKING APPLICATION

DATE: \_\_\_\_\_

Construction Address \_\_\_\_\_ Unit #'s \_\_\_\_\_

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

Registered Owner \_\_\_\_\_ Tel \_\_\_\_\_

Contractor's Business Name \_\_\_\_\_ Tel \_\_\_\_\_

Contractor's Current **Maple Ridge** Trade Licence Number \_\_\_\_\_

Non Professional Designer \_\_\_\_\_ Tel \_\_\_\_\_

Architect \_\_\_\_\_ Tel \_\_\_\_\_

Engineer \_\_\_\_\_ Tel \_\_\_\_\_

**Sub Type: Check One**

Commercial  Industrial  Institutional  Apartment over Commercial

**Work Type: Check One**

New  Addition  Repair  Renovate

This application is for what? (explain in detail what you are doing) \_\_\_\_\_

\_\_\_\_\_

**All areas below must be answered at time of application.**

Number of Stories \_\_\_\_\_

# of Non Residential Units being Created \_\_\_\_\_

\* Occupier/Tenant \_\_\_\_\_

Area of 1<sup>st</sup> Floor \_\_\_\_\_

Area of 2<sup>nd</sup> Floor \_\_\_\_\_

Area of Mezzanine or Loft \_\_\_\_\_

Total Floor Area \_\_\_\_\_

Will Any Plumbing Work Be Done? Yes  No

Will Any Electrical Work Be Done? Yes  No

If yes, Over 200 amps  Under 200 amps

Existing Seating Capacity \_\_\_\_\_

Proposed Seating Capacity \_\_\_\_\_

Construction Value \$ \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Contact Person \_\_\_\_\_  
(please print)

Applicant's Phone Number \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Office Use Only**

Is use permitted? Yes  No

Has Business Licence been applied for? Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit # \_\_\_\_\_