TOWN OF LADYSMITH

CONSTRUCTION DAMAGE DEPOSIT REFUND REQUEST

NAME OF PAYEE:		DATE:
PERMIT #:		
BUILDING CIVIC ADDRESS:		
REFUND IS TO BE PAID TO:		
**REFUND WILL BE PAID TO ORIGINAL PER	RMIT HOLDER UNLESS ORIGINAL PEI	RMIT HOLDER DIRECTSOTHERWISE
	** Si	gnature of Original Permit Holder
MAILING ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:
TYPE OF PERMIT:		
(i.e. Single Family Dwelling, Alteration, Addition, Commercial, Industrial,etc.)		
NOTICE TO APPLICANT: Water, Meter Box		on pipe caps at the property line <u>must</u>
be exposed and available for inspection. Road and curb must be clean. The personal information on this form is collected under the general authority of the Community Charter and Freedom of Information & Protection of Privacy Act (FOIPPA) and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected or for a use consistent with that purpose. If you have any questions about the use and collection of this information, contact the Corporate Officer at 250.245.6417 or foi@ladysmith.ca.		
FOR OFFICE USE ONLY		
BUILDING INSPECTOR*:(*signature confirming flatwork and final lot grading insponder of INSPECTION:		
SUPERVISOR OF ENGINEERING SERVICES*:(Date:) (*signature assuring no damage to municipal property.) COMMENTS:		
TREASURER*		(Date:)
DATE RECEIVED BY ACCOUNTS PAYABLE	E	
Distribution:	AMOUNT OF DEPOSIT:	\$
Engineering Building Inspector Finance & A/P	LESS: DEDUCTIONS REFUND: 10-426110-0000	\$\$
Applicant	KEFUND. 10-420110-0000	"

250.245.6400 / info@ladysmith.ca / www.ladysmith.ca

410 Esplanade MAIL PO Box 220, Ladysmith, BC V9G 1A2





