

Assurance of Structural Compliance for Moved or Relocated Buildings

	Date			
Applicant Name a	and Contact Information			
Owner/Company n	ame:			
Address:				
Email: Phone:				
Project Information				
Type of building:				
	ss:			
	ss:			
Legal description of I	new location:			
	0.13			
Indicate	Location Clim	atic Data Ground Snow L	oad kPa 1/50	Maximum
malcate	Location	Ss Signal Show L	Sr	Elevation Above
V				Sea Level
	North of Latitude 49°48'00"	2.8	0.4	200 metres
	South of Latitude 49°48'00"	2.4	0.4	200 metres
The undersigned her application for a build relocation. The building	reby gives assurance that a structural asding permit to move or relocate the building is structurally suitable for relocation aspecified in the structural assessment re	ssessment was carried of the color of the co	out on the building omox Valley Regior	nal District prior to its
(Assessment repor	t must be submitted with building per	mit application)		
I certify that I am a	registered professional as defined in	the British Columbia	Building Code.	
Name of professional			(Affix pro	fessional seal here)
Signature				
Address				
Telephone				
If the registered pro	ofessional is a member of a firm, com	plete the following:		
I am a member of the f	irm		and I sign this form	on behalf of the firm.