



Schedule 1 to the Minutes of the Public Works & Transportation Committee meeting of Richmond City Council held on Wednesday, January 24, 2018.

Damage Deposit/ Security Program Application

Engineering & Public Works Division
6911 No. 3 Road, Richmond, BC V6Y 2C1

www.richmond.ca

Site Contact Person: _____

Tel. No.: _____

Email: _____

Cell No.: _____

Property Address: _____

<input checked="" type="checkbox"/>	Type of Construction Activity	Refundable Deposit Amount	Non-Refundable Inspection Fee	Total Payable
<input type="checkbox"/>	Additions and Accessory Buildings over 10 sq. m.	\$500	\$179	\$679
<input type="checkbox"/>	In-ground Swimming Pools	\$500	\$179	\$679
<input type="checkbox"/>	Demolitions	\$500	\$179	\$679
<input type="checkbox"/>	Move-Off	\$1,500	\$179	\$1,679
<input type="checkbox"/>	Single or Two Family Dwelling Construction	\$1,500	\$179	\$1,679
<input type="checkbox"/>	Combined Demolition and Single or Two Family Dwelling Construction	\$2,000	\$179	\$2,179
<input type="checkbox"/>	Commercial; Industrial; Multi-Family; Institutional; or Government Construction	\$5,000	\$237	\$5,237
<input type="checkbox"/>	Combined Demolition and Commercial; Industrial, Multi-Family; Institutional or Government Construction	\$5,500	\$237	\$5,737
<input type="checkbox"/>	Site Preparation Preload	\$5,000	n/a	\$5,000
<input type="checkbox"/>	Soil Materials Infill or Removal from a Single Parcel	\$5,000	n/a	\$5,000
<input type="checkbox"/>	Commercial/Industrial Landscaping	\$2,500	n/a	\$2,500
	TOTALS	\$	\$	\$
	Enter Hansen Proj ID (WO#) noted below:	RC. _____	4330	Total

I, _____ (Print name) hereby make application and agree to abide by the guidelines and specifications issued by the City Public Works Department.

Signed: _____ Date: _____

Name of Person to Receive Damage Deposit Refund: _____

Refund Mailing Address: _____ Phone: _____

City _____

Postal Code _____

For Damage Deposit Refund Purposes – Please call 604-244-1263

Only the damage deposit applicant may request or inquire about a refund.

Damage Deposit refunded on REQUEST only please provide accurate contact information

For Office Use

Receipt No.:	Hansen SR #:
Hansen Project ID (W.O. #):	Permit #:

Change suggested by Carol Day



City of Richmond

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