



OCCUPANT LOAD REQUEST

Date: _____

Requester: _____

Phone: _____ Email: _____

Property Owner: _____

Phone: _____ Email: _____

Signature of Owner: _____

(Signature acknowledges this request is made with full knowledge and consent)

Civic Address: _____

(Unit No. (if applicable), Street No., Street Name)

Business Name: _____

Type of License: Liquor Primary Food Primary

Submission Requirements: including detailed scaled plans (1/4"=1'-0" or 1/8"=1'-0")

- | | |
|--|---|
| <input type="checkbox"/> Exits (sizes, locations, swing) | <input type="checkbox"/> Patio areas (size, seating, egress) |
| <input type="checkbox"/> Room layouts and use | <input type="checkbox"/> On-site parking details (location, number, size) |
| <input type="checkbox"/> Seating arrangements | <input type="checkbox"/> Number of Staff |
| <input type="checkbox"/> Washroom details (location, number) | <input type="checkbox"/> \$100 Application Fee (Cash, Debit or Cheque only) |

Response: See attached Approved Floor Plan

Disclaimer:

If you suffer loss or damage caused by reliance on this information, the City of Kamloops and its employees are not responsible.

Per: _____

Date: _____