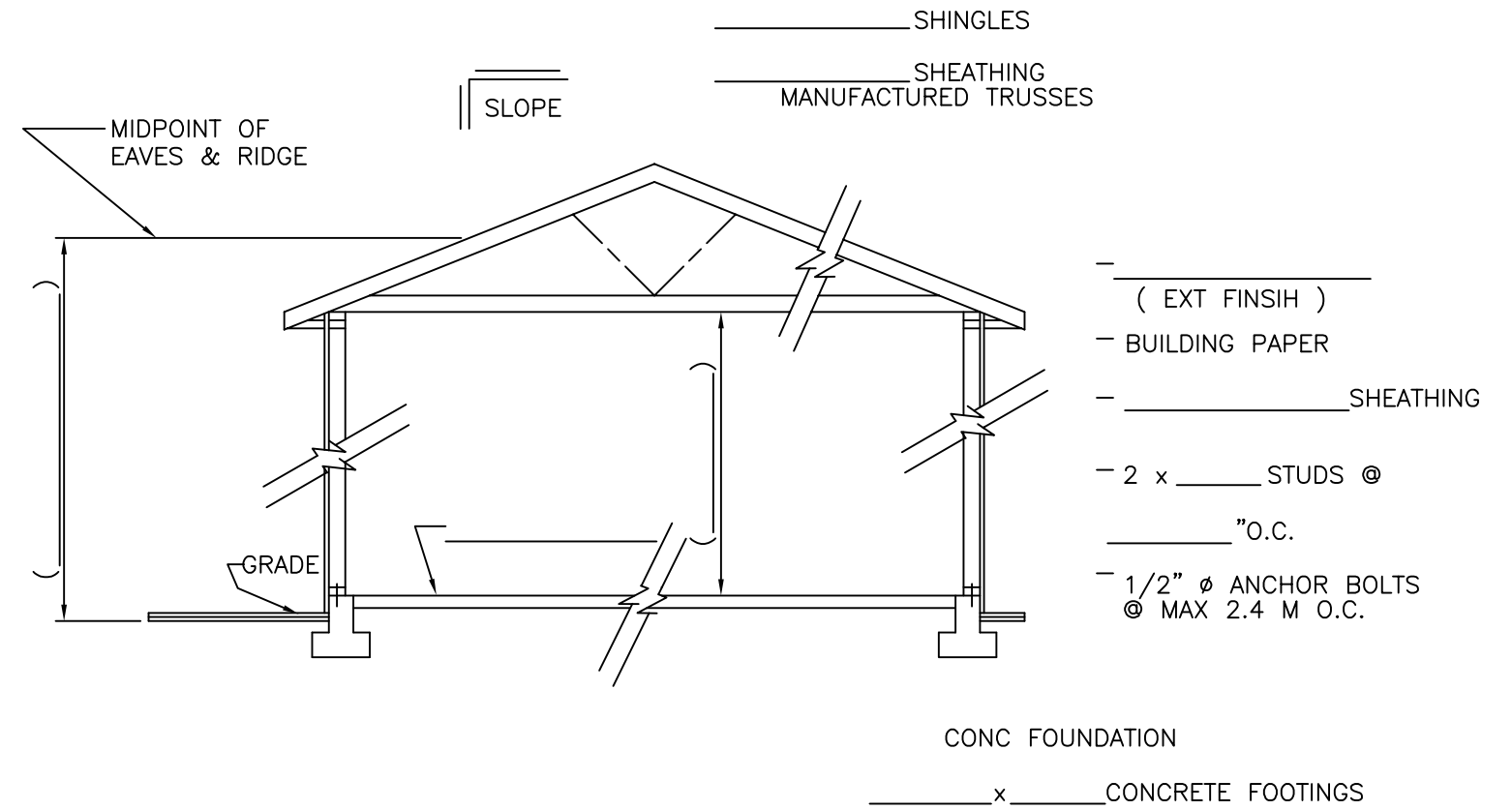
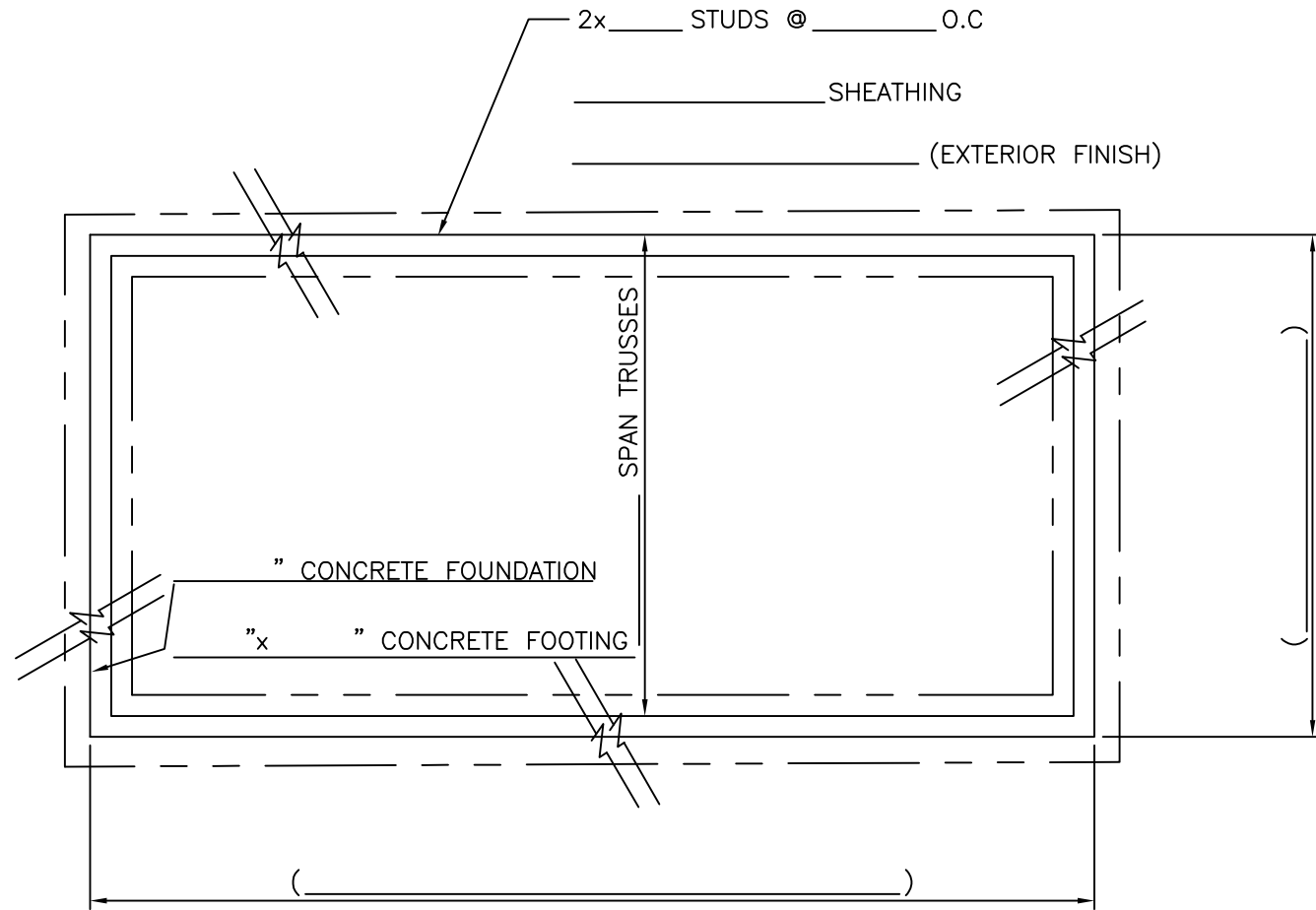


CITY OF CHILLIWACK

Building department 793-2905

Name:	Address:	
Telephone:	Date:	Zoning:



NOTE: PLEASE SPECIFY WINDOW/DOOR LOCATIONS AND HEADER SIZES ABOVE EACH

