



# Request for Property File Information

This form is to be used for all property file information requests submitted by Owners, Authorized Agents, or Realtors, and provides access only to the specific types of information selected below. All other requests for information must be made through the Freedom of Information (FOI) process.

The District of North Saanich endeavors to provide accurate information in response to property file searches and ensures the privacy of property owners is protected and copyright regulations are followed. Personal information provided below is collected pursuant to section 26 of the Freedom of Information and the Protection of Privacy Act.

The District of North Saanich does not guarantee the availability of all information requested, nor does it warrant the accuracy of information provided. By signing below, you acknowledge and agree that any reliance on the information provided is at your own risk and not that of the District of North Saanich.

Please submit the completed form to [pir@northsaanich.ca](mailto:pir@northsaanich.ca) or drop off at the Municipal Hall 1620 Mills Road. **Incomplete forms will not be accepted.**

**Property Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Applicant Information:

<b>Name:</b>			
<input type="checkbox"/> Registered Owner	<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Strata Council	<input type="checkbox"/> Other (Please specify):
<b>Address:</b>			<b>Postal Code:</b>
<b>Phone:</b>		<b>Email:</b>	

### Information Request – Select all that apply:

<input type="checkbox"/> Final Occupancy	<input type="checkbox"/> Permit History	<input type="checkbox"/> Septic Field Plan
<input type="checkbox"/> Site Survey	<input type="checkbox"/> Zoning Information	<input type="checkbox"/> Building Plans*

### Registered Owner Authorization:

**\*Due to privacy and copyright legislation, building plans will only be released to the registered property owner. Authorization must include the owner's signature and contact information and may be subject to verification by District staff.**

<b>Registered Owner Name(s):</b>	
<b>Address:</b>	<b>Postal Code:</b>
<b>Phone:</b>	<b>Email:</b>
I/we solemnly declare that I/we are the registered owner. I/we consent and authorize the Applicant identified above to view and obtain copies of information regarding my/our property information. I understand that proof of ownership may be required as per Section 5.1 (b) of the Freedom of Information & Protection of Privacy Act.	<b>Required Owner Signature:</b>

## Authorization – Agent/Designated Agent

Please **Check** one of the Following:

- I hereby provide authorization for an agent licensed by the Real Estate Council of British Columbia to receive the Property Information Report for the above noted property address. *(Owner MUST sign below)*
- I hereby provide authorization for: \_\_\_\_\_  
(Designated Agent Name – Please Print - *Owner MUST sign below*)  
to receive the Property Information Report for the above noted property address.

Signature of Registered Owner: \_\_\_\_\_

## Copyright Acknowledgement (applicant to complete)

I, \_\_\_\_\_, acknowledge that the requested records and/or  
(Applicant Name - Please Print)

requested plans and surveys for the property with civic address \_\_\_\_\_,

\_\_\_\_\_ or legal description \_\_\_\_\_,

may be subject to copyright protection.

I confirm that the records requested are to be used solely for research or private study; that any use of the copy for a purpose other than research or private study may require the authorization of the copyright owner of the work in question; and that I will not use the records for any purpose that would violate the copyright or moral rights of the author of the records, without the consent of the author.

I acknowledge that there is a cost/page for copies that must be paid before copies are released to me.

Beginning **January 1, 2026**, a **Property File Review fee of \$75.00 + GST** will apply to all Property Information Requests, in accordance with Fees and Charges Bylaw No. 1471, Schedule A. Payment will be required prior to processing requests.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date