



**HIGHWAY USE, CLEARING AND INSPECTION FEE REFUND**

Pursuant to section 12.10 of Building and Plumbing Regulation Bylaw #1617, 202

PROPERTY CIVIC ADDRESS

BUILDING PERMIT NO.

PROPERTY LEGAL DESCRIPTION

The undersigned, hereby requests a refund of the Highway Use, Clearing and Inspection Fee (the "Fee") that was paid pursuant to section 12.8 of Building and Plumbing regulation Bylaw # 1617, 2002 for the above Building Permit.

The undersigned agrees that the Building Official has inspected the municipal roadway, sewer, drain, water main or other municipal works and is satisfied that the applicant has not caused any damage to the municipal works and has cleared and restored the highway such that all evidence of construction activity has been removed.

The undersigned acknowledges that the amount of the refund will be equal to the Fee less an inspection fee of \$58.78.

OWNER/AGENT NAME\* (PLEASE PRINT)

OWNER/AGENT SIGNATURE

SIGNED THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_

**DIRECT DEPOSIT AUTHORIZATION**

The Resort Municipality of Whistler is pleased to introduce the implementation of direct deposit payments of invoices as a replacement of cheques. Direct Deposit will provide us with a secure and more efficient way to get your payments to you in a timely manner. All suppliers receiving a direct deposit payment will receive a detailed remittance advice by email.

We would like to make all future payments to you via direct deposit. If you have not already done so please complete the information form below and [attach a void cheque](#) at your earliest possible convenience. You can return it by email, fax or mail.

*Scan and email void cheque and completed form to: [buildingdept@whistler.ca](mailto:buildingdept@whistler.ca).*

*Fax the information and copy of the void cheque to 604-935-8149, attention Building Department*

*Mail or Submit to: Building Department, 4325 Blackcomb Way, Whistler, BC, V0N 1B4*

*Invoices that have provided banking details for Direct Deposit will be automatically set up to receive payments.*

Owner Name: \_\_\_\_\_

Email Address for Remittance Advice: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HIGHWAY USE, CLEARING AND INSPECTION FEE REFUND PROCESS:

