



THE CORPORATION OF THE DISTRICT OF SAANICH
770 Vernon Avenue, Victoria, B.C. V8X 2W7

INSPECTION SERVICES DIVISION
PHONE: 250-475-5457 FAX: 250-475-5418

**REGISTERED PROFESSIONAL'S
DECLARATION OF INSURANCE COVERAGE**

Building Permit No. _____
(office use)

Civic Address of Project _____

I _____ MAIBC/ P.Eng, am a
(print name)

member of the firm _____
(print name)

and I declare that I am covered for professional errors and omissions insurance in
accordance with :

policy no. _____

issued by _____.

Date: _____

(affix PROFESSIONAL SEAL here)

Signature: _____