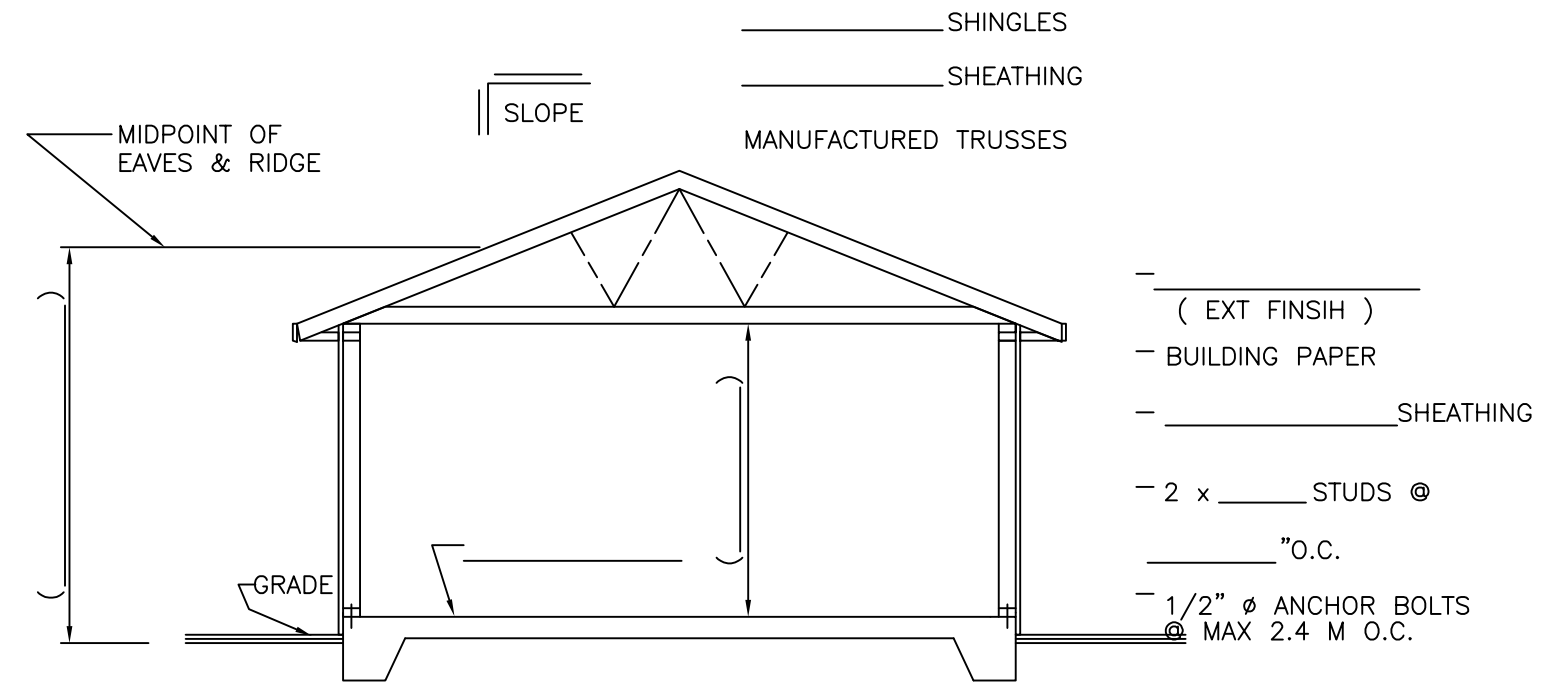
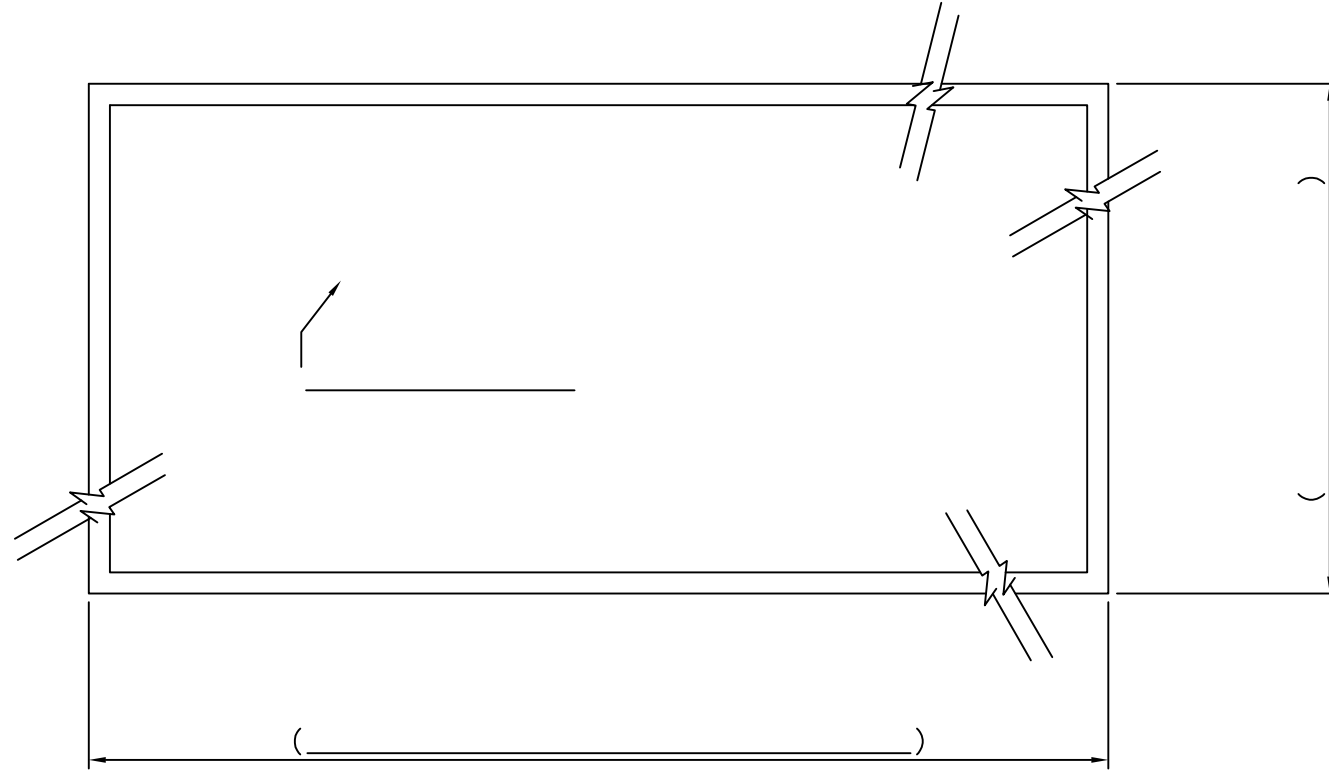


# CITY OF CHILLIWACK

Building department 793-2905

Name:	Address:	
Telephone:	Date:	Zoning:

2 x \_\_\_\_\_ STUDS @ \_\_\_\_\_ O.C.  
 \_\_\_\_\_ SHEATHING  
 \_\_\_\_\_ (EXTERIOR FINISH)



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

