

Apartment De-Registration Form

Date Requested:		
1	of	request
to de-register the apartment locate	ed at	, Corner Brook, NL,
A2H		
Contact Name:		
Mailing Address:		
Phone Number:		
I understand that if I choose to rent	t the apartment in the fut	ure it must be re-registered with
the City of Corner Brook and inspec	cted by the City's Building	Inspection Division to ensure
compliance with the City Regulation	ns and the National Buildi	ng Code. If modifications are
needed then I must obtain a buildir	ng permit before occupan	cy of the apartment is allowed and
the apartment is re-registered.		
I am also aware that the apartment	is subject to random visit	ts by the City Building Inspector to
ensure compliance with City policy	and regulations.	
Sworn before	at	
the day of	, 20	
Homeowner	Witness	
Office Use Only Inspectors Comments:		
Apartment De-registration: Approv	red: De	enied:
Signature:	Da	ite:
Roll #	Cu	ustomer ID
PID		

www.cornerbrook.com

Tel: 709-637-1500