

HPO Multi-Unit Property Registration Form Request



Homeowner
Protection Office

HPO Form Number: _____

BUILDER INFORMATION (To be completed by builder)

Residential Builder Licence No.: _____ Exp. Date: (mm/yr) _____

Residential Builder: _____ Licensee: (last,first) _____

NEW HOME INFORMATION: DETACHED DWELLING UNIT (To be completed by the licensee)

Name of Project _____ No. of Units _____

Civic Address: Street Name: _____ City: _____ Postal Code: _____

Legal Description: (must be completed) _____

Check all that apply

Unit Description:	Parking:	Type of Building:	Type of Ownership:	Foundation:	Heating:
<input type="checkbox"/> 1 storey	<input type="checkbox"/> carport (attached)	<input type="checkbox"/> site built	<input type="checkbox"/> bare land strata	<input type="checkbox"/> concrete	<input type="checkbox"/> FHA
<input type="checkbox"/> 2 storey	<input type="checkbox"/> carport (detached)	<input type="checkbox"/> custom timber	<input type="checkbox"/> strata property	<input type="checkbox"/> concrete block	<input type="checkbox"/> radiant
<input type="checkbox"/> 3 storey	<input type="checkbox"/> garage (attached)	<input type="checkbox"/> pre-fabricated	<input type="checkbox"/> leased land	<input type="checkbox"/> piles (conc/wood)	<input type="checkbox"/> HRV
<input type="checkbox"/> 4 storey	<input type="checkbox"/> garage (detached)	<input type="checkbox"/> mixed use	<input type="checkbox"/> co-operative	<input type="checkbox"/> basement	<input type="checkbox"/> oil
<input type="checkbox"/> >4 storey	<input type="checkbox"/> parkade (attached)	<input type="checkbox"/> other _____	<input type="checkbox"/> life lease	<input type="checkbox"/> crawlspace	<input type="checkbox"/> gas
<input type="checkbox"/> parkade (detached)		<input type="checkbox"/> other _____	<input type="checkbox"/> other _____		<input type="checkbox"/> electric
					<input type="checkbox"/> other _____

Insulation:	Floor Framing:	Roof Frame:	Roof Finish:	Exterior Finish:
<input type="checkbox"/> code	<input type="checkbox"/> wood joist	<input type="checkbox"/> truss / wood	<input type="checkbox"/> flat	<input type="checkbox"/> wood
<input type="checkbox"/> glass fiber	<input type="checkbox"/> wood truss	<input type="checkbox"/> truss / metal	<input type="checkbox"/> slope	<input type="checkbox"/> metal
<input type="checkbox"/> expanded polystyrene	<input type="checkbox"/> wood I beam	<input type="checkbox"/> framed / wood	<input type="checkbox"/> asphalt shingles	<input type="checkbox"/> vinyl
<input type="checkbox"/> loose fill	<input type="checkbox"/> metal joist	<input type="checkbox"/> framed / metal	<input type="checkbox"/> wood	<input type="checkbox"/> stucco
<input type="checkbox"/> foamed plastic	<input type="checkbox"/> concrete	<input type="checkbox"/> concrete	<input type="checkbox"/> metal	<input type="checkbox"/> masonry
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> other _____	<input type="checkbox"/> built-up	<input type="checkbox"/> rainscreen
			<input type="checkbox"/> tile	<input type="checkbox"/> EIFS
			<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

Wall Frame:	Flooring:	Services:	Fireplace:	Common Property:
<input type="checkbox"/> wood	<input type="checkbox"/> wood	<input type="checkbox"/> municipal	<input type="checkbox"/> wood	<input type="checkbox"/> attached amenity bldg.
<input type="checkbox"/> metal	<input type="checkbox"/> ceramic	<input type="checkbox"/> septic	<input type="checkbox"/> gas	<input type="checkbox"/> pool/hot tub
<input type="checkbox"/> concrete	<input type="checkbox"/> carpet	<input type="checkbox"/> well	<input type="checkbox"/> oil	<input type="checkbox"/> exercise
<input type="checkbox"/> masonry	<input type="checkbox"/> sheet flooring	<input type="checkbox"/> other _____	<input type="checkbox"/> propane	<input type="checkbox"/> guest suites
<input type="checkbox"/> other _____	<input type="checkbox"/> other _____		<input type="checkbox"/> other _____	<input type="checkbox"/> other _____

Construction Information:

Estimated Start Date: (mm/yr) _____ Estimated Completion Date: (mm/yr) _____ Estimated Possession Date: (mm/yr) _____

Type of Home:

Spec Home Estimated Selling Price: \$ _____ or Custom Home Contract Price \$ _____

PROOF OF HOME WARRANTY INSURANCE

Warranty Provider: _____

Builder's Warranty No.: _____

Home Warranty Insurance Numbers.: _____

Warranty Provider Seal Date: _____

HOMEOWNER PROTECTION ACT FEES

As per Schedule 1 of the *Homeowner Protection Act* Regulation, unit fees must be paid in the amount of

Reconstruction Fee (where applicable):	No. of Units _____	x \$750.00 = _____
Licence Fee Per Dwelling Unit:	No. of Units _____	x \$ 40.00 = _____
		TOTAL = _____

- A cheque to the *Homeowner Protection Office* for the total amount above is attached.
- Paying by credit card with the following authorization:

This is a Credit Card Authorization form for payment of the \$_____ as per Schedule 1 of the *Homeowner Protection Act* Regulation

To: Homeowner Protection Office
 Box 11132 Royal Centre
 2270-1055 West Georgia Street
 Vancouver, BC V6E 3P3

Please print clearly the following information:

Card type: _____
 Card number: _____
 Card expiry: _____
 Card holder name: _____

 Date

 Cardholder Signature

When the form is ready (select one):

- email the form to the Warranty Provider
- mail the form to the form to the Builder
- notify the Warranty Provider that the form is available for pick up
- notify the Builder that the form is available for pick up

I declare that all information in this form is accurate and complete in all respects.

Application Date: (mm/dd/yr) _____ Licensee's Signature: _____

HPO ACCOUNTING DEPARTMENT USE ONLY	
Date Processed:	_____
Approval Code:	_____
Rejected:	(Attach transaction slip) YES / NO (circle status)
Return Copy of Registration Form	YES / NO (circle status)
Date Returned:	_____
Date Paid:	_____
Initial:	_____