



City of
Richmond

Secondary Benchmark Request

Engineering & Public Works Division

Survey Department

6911 No. 3 Road, Richmond, BC V6Y 2C1

Phone: 604-244-1220 Email: survey@richmond.ca

Your application may take up to 7 business days to be processed

Date: _____

Company Name: _____ Applicant Name: _____

Billing Address: _____

Phone Number: _____ E-mail: _____

Site Address/Description: _____

Additional Comments/Desired Benchmark Location:

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I hereby make application and I agree to abide by the guidelines and specifications issued by the City Engineering Division.

Signature: _____ Date: _____

To Be Completed by City Staff

***Disclaimer:** Secondary benchmark information is not taken from a legally recorded or registered survey. Elevations provided only valid for the site address stated above and cannot be use elsewhere. This information is provided as a service to the public. Users of this information do so at your own risk. The City of Richmond assumes no responsibility for the accuracy or completeness of the information provided.*

Secondary Benchmark Location:

BM Tag #	Elevation	Description

Secondary TBM Location:

Marker	Elevation	Description

All elevations are referenced to vertical datum CGVD28 and are derived from GCM # _____ to GCM # _____

COR Survey Comments:

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Trans Code: 4330

For Office Use Only