



**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

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