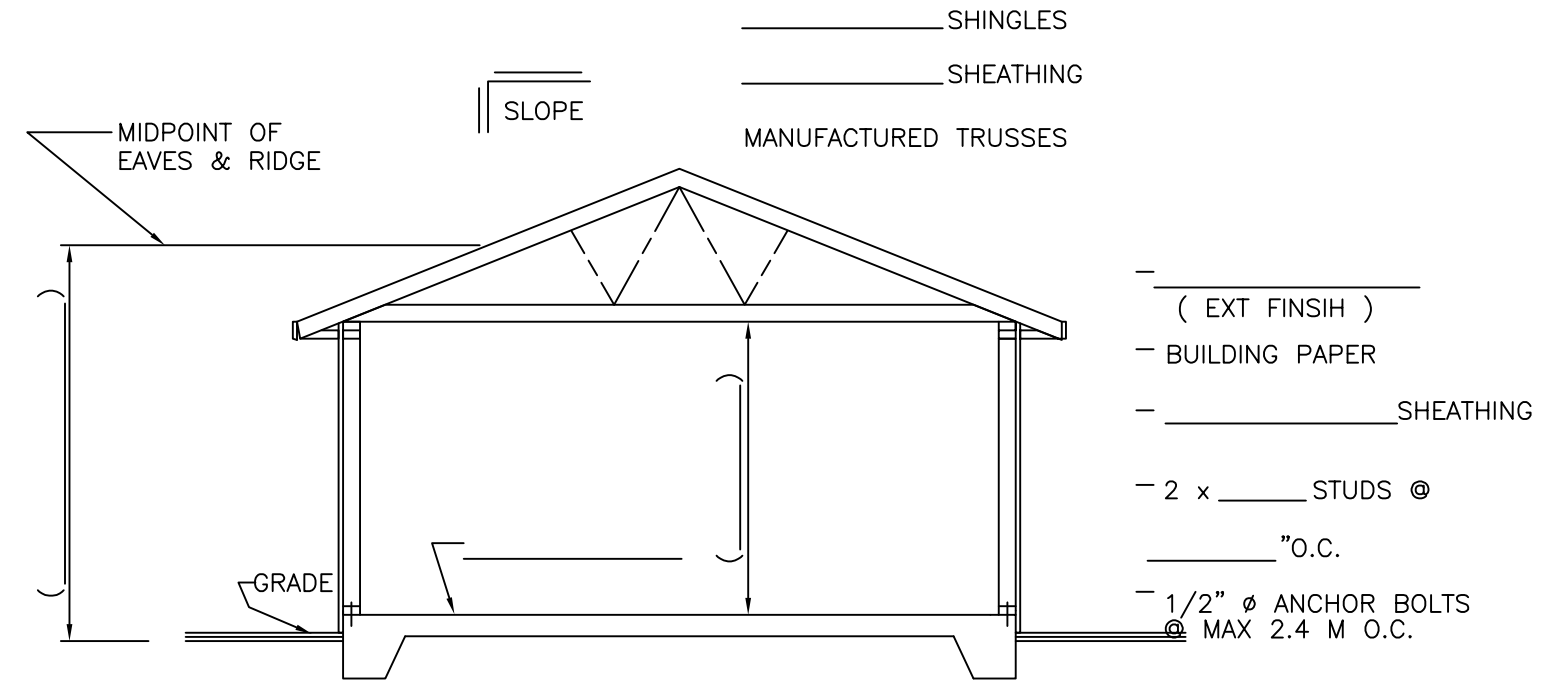
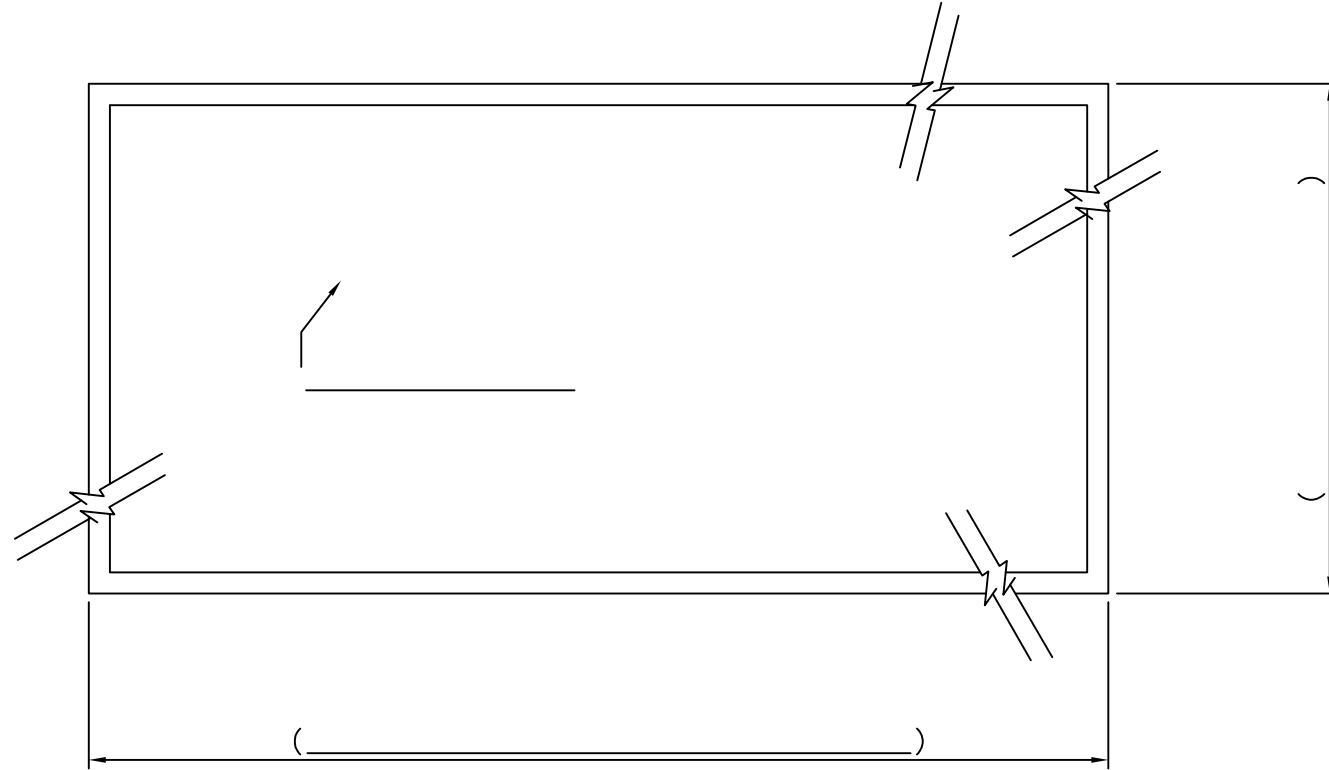




Building Department: 250.286.5757 / building@campbellriver.ca

Name:	Address:	
Telephone:	Date:	Zoning:

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



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

