

**UCHUCKLESAHT TRIBE**

**Building and Development Authorization Act  
Building Forms Regulation  
Form BR-4**



**File no:**

Major Construction

Standard Construction

**NOTICE OF SUSPENSION OR REVOCATION OF  
AUTHORIZATION**

*(for Authorizing Officer use  
only)*

**AUTHORIZATION NO.: \_\_\_\_\_  
HAS BEEN SUSPENDED OR REVOKED**

**Effective Date of Suspension or Revocation:**

**Civic Address:**

**Legal Address:**

**Owner:**

**Primary Contact:**

**Reason for suspension or revocation:**

**Comments:**

\_\_\_\_\_  
**Signature of Authorizing Officer**

For further information regarding the above, contact the Authorizing Officer at: Uchucklesaht Tribe, PO Box 1118, Port Alberni, British Columbia, V9Y 7L9 Telephone: (250) 724 1832 Fax: (250) 724 1806