



Commercial, Industrial, Multi-Family, Assembly Projects

Please print (to be filled out **completely** by applicant).

Date: _____

Project Address: _____

Unit No.: _____

Owner: _____

Tel. No. _____

Contractor: _____

Tel. No. _____

Occupier: _____

Use: _____
Specific Type/Nature of Business

Work Description: New Addition

Multi-Tenant Projects: No. Units: _____

Construction Value/Building: \$ _____

Is a new service connection required? Yes No If **yes**, P.Eng. Design Drawings must be submitted.

Drawings/Information Submitted	Rec'd	To be Sub'd	Not Req'd	No. of Copies	Drawings/Information Submitted	Rec'd	To be Sub'd	Not Req'd	No. of Copies
Architectural:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Electrical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Floor Plan Overlays (pdf format)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sprinkler/Standpipe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Legal Survey					• Hydraulic Cals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grades/Trees, RMA Area, ESA Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Landscaping Plans:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Zoning Info on Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Cooking Equipment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Code Analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Letters of Assurance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Site Key Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Owner's Undertaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Structural:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Equivalency Report:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Soils Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	H.P.O. Form:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Traffic Mgmt. Plan:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Storage of Dangerous Goods, Liquids or Gases				_____
• Site Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Underground or Aboveground Storage Tanks		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Where a professional engineer or architect, registered as such under provincial legislation, has certified that the plans comply with the current BC Building Code and any other applicable enactment, it should be expressly understood that the City has relied on such certification in issuing this permit and is not liable, directly or vicariously, for any damage, loss or expense caused or contributed to by an error, omission or other neglect in relation to its approval of the plans submitted. The issuance of a permit, the review of plans and supporting documents, or inspections by the building inspector or a registered professional are not a guarantee that the development complies with the BC Building Code or other applicable enactments and do not in any way relieve the owner, or his or her agent, from the responsibility of carrying out construction in substantial compliance with the requirements of the BC Building Code, this bylaw and other applicable bylaws of the City.

Applicant: _____
Print

Signature: _____
By signing I am acknowledging the above waiver

Mailing Address: _____

Postal Code _____

E-mail Address: _____

_____ Tel. No. Residential or Business

_____ Cell

Contact Person or Coordinating Professional: _____

Note: If applicant is not the registered owner of the property, please request the "Owner Authorization" letter and have it completed and signed by the owner and return the letter to this Department for review.

For Office Use	Comments
Permit No.:	