



# Building Permit Application

BP \_\_\_\_\_

(for internal purposes only)

**PLEASE PRINT AND COMPLETE THIS FORM CAREFULLY**  
**INSUFFICIENT INFORMATION WILL DELAY THE PROCESSING OF THIS APPLICATION**

*Note: Approval is required from shíshálh Nation Government District (sNGD) for properties located within its jurisdiction*

## LEGAL DESCRIPTION

Lot	Block	District Lot	Plan	PID	Folio
-----	-------	--------------	------	-----	-------

## CIVIC ADDRESS (if already assigned)

House Number	Unit	Street
--------------	------	--------

## OWNER Primary Contact ☐

Name(s)		
Mailing Address	City, Province	Postal Code
Tel	Cell	Email

## AGENT Primary Contact ☐

Agents Authorization Letter Completed ☐

Name(s)		
Mailing Address	City, Province	Postal Code
Tel	Cell	Email

## CONSTRUCTOR Primary Contact ☐

Name(s)		
Mailing Address	City, Province	Postal Code
Tel	Cell	Email

## PROPOSED CONSTRUCTION DETAILS

Dwelling <input type="checkbox"/>	Foundation <input type="checkbox"/>	Auxiliary <input type="checkbox"/> Building	Agricultural <input type="checkbox"/> Building	Retaining Wall <input type="checkbox"/>	Moved on <input type="checkbox"/> Building	Demolition <input type="checkbox"/>
Sprinklers <input type="checkbox"/>	Commercial <input type="checkbox"/> Building	Tenant <input type="checkbox"/> Improvement	Plumbing <input type="checkbox"/>	Completion of <input type="checkbox"/> Expired Permit	Swimming <input type="checkbox"/> Pool	Special <input type="checkbox"/> Inspection
<b>Scope of Work:</b>						
<b>Estimated Value of Construction:</b>						
Number of Stories:	Number of Bedrooms:	Existing:	New:	Total:		

**HAVE YOU PROVIDED THE FOLLOWING?**

<b>REQUIRED DOCUMENTS FOR ALL PERMITS</b>		
Site Plan – 2 sets printed & 1 digital PDF, complete with all buildings, measurements & setbacks	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Construction Plans – 2 sets of printed architectural plans ( <i>sealed by a P. Eng. if applicable, or 2 separate sealed copies</i> ), & 1 digital PDF copy of architectural plans	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Owner's Acknowledgement of Responsibility and Undertaking form ( <i>sNGD – Schedule D</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certificate of Title dated within 30 days of application, & copies of registered covenants, easements & right of ways	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Zoning and Land Use Declaration form ( <i>for properties subject to SCRD zoning &amp; land use regulations</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>ADDITIONAL DOCUMENTS AS APPLICABLE</b>		
Agents Authorization letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Site Disclosure Statement form	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BC Building Code Letters of Assurance (Schedule B), complete with Confirmation of Professional Liability Insurance from Professional Engineer(s) ( <i>sNGD – Schedule C</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proof of Sewerage Filing or registered practitioner's (ROWP) report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pre-Construction BC Energy Compliance Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>
BC Housing "New Home Registration Form" ( <i>for new or substantially re-constructed dwellings</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Highways access approval ( <i>for properties accessing a numbered highway &amp; commercial properties</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Riparian Declaration Form ( <i>for those located within the Islands Trust jurisdiction</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manufacturer's specification sheet & certification number ( <i>for mobile or modular home</i> )	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Certification number of manufactured building:	CSA Z240 – MH (Mobile):	CSA A277 (Modular):

**ADDITIONAL BUILDING INFORMATION**

Does or will this building contain a secondary suite?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does or will the building contain any wood burning appliances?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Type of mechanical ventilation system(s) proposed or installed in the building:		
Types of heating and cooling systems proposed or installed in the building:	Heating system:	Cooling system:

**SERVICING INFORMATION**

Is the property in a water service area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Is the property in a wastewater service area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate which area:			If yes, please indicate which area:		

*The personal information you provide on this form is collected under the authority of the Local Government Act and SCRD Building Bylaw No. 779 or shishálh Nation Self-Government Act and shishálh Nation District Building Bylaw. Your personal information will only be used for the purpose of evaluating this building permit application. Please note that your application will be treated as public information. If you have any questions about the collection of this information, please contact the Information and Privacy Coordinator, 1975 Field Road, Sechelt, BC, V7Z 0A8, 604.885.6800.*

<b>Property Owner(s)/Agent Signature(s):</b>	<b>Print Name:</b>	<b>Date:</b>