



# Building Division Permit Application

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PLEASE PRINT AND COMPLETE THIS FORM CAREFULLY  
INSUFFICIENT INFORMATION WILL DELAY THE PROCESSING OF THIS APPLICATION  
*Note: Approval is required from shíshááh Nation Government District (sNGD) for properties located within the sNGD*

**LEGAL DESCRIPTION:**

Lot	Block	District Lot	Plan	PID	Folio
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**CIVIC ADDRESS** (if already assigned):

House Number	Unit	Street
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**OWNER** Primary contact

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

*\*Please attach an Appendix 'A' for multiple owners with different addresses, or an Appendix 'B' for power of attorney representation.*

**AGENT** Primary contact  Agents letter completed

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

**CONSTRUCTOR** Primary contact

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

**PROPOSED CONSTRUCTION DETAILS:**

New <input type="checkbox"/>	Addition <input type="checkbox"/>	Alteration <input type="checkbox"/>	Repair <input type="checkbox"/>	Demolition <input type="checkbox"/>	Move <input type="checkbox"/>
Dwelling <input type="checkbox"/>	Auxiliary Dwelling <input type="checkbox"/>	Manufactured Home <input type="checkbox"/>	Mobile Home <input type="checkbox"/>	Auxiliary Building <input type="checkbox"/>	Agricultural Building <input type="checkbox"/>
Sprinklers <input type="checkbox"/>	Commercial Building <input type="checkbox"/>	Tenant Improvement <input type="checkbox"/>	Change Of Use <input type="checkbox"/>	Completion Of Expired Permit <input type="checkbox"/>	Other <input type="checkbox"/>

Describe the scope of work:

Number of stories:	Estimated value of construction:	Type of Heating system:
Number of bedrooms:	Existing:	New:
		Total:



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## HAVE YOU PROVIDED THE FOLLOWING?

Certificate of Title (dated within 30 days of application, including copies of registered covenants, easements and right of ways) <i>(C of T can be obtained by SCRD for a fee of \$20.00 and, covenants, easements &amp; r/w's for a fee of \$50.00 each)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Proof of Sewerage Filing or registered practitioner's (ROWP) report, as applicable.	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Highways access approval (for properties accessing a numbered highway & commercial properties)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Owner's Acknowledgement of Responsibility and Undertakings form, Schedule E <i>(sNGD – Schedule D)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
BC Building Code Letters of Assurance (Schedule B) complete with proof of liability insurance from Professional Engineer(s), Schedule D <i>(sNGD – Schedule C)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
BC Housing "New Home Registration Form" (new or substantially re-constructed dwellings)	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Construction plans – 2 sets of printed architectural (sealed by a P. Eng. if applicable, or 2 separate sealed copies), and 1 digital PDF copy of architectural.	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Site Plan (2 printed & 1 digital PDF), complete with all buildings, measurements & setbacks	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Pre-Construction BC Energy Compliance Report	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Site Disclosure Statement form	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Manufacturer's specification sheet, for mobile or modular home	Yes <input type="checkbox"/> No <input type="checkbox"/>				
If mobile or modular home: Provide #	<table border="1"> <tr> <td>CSA Z240 - MH</td> <td>CSA A277</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	CSA Z240 - MH	CSA A277		
CSA Z240 - MH	CSA A277				

## IMPORTANT APPLICATION QUESTIONS:

Is the property in a water service area? If so, which area: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the property in close proximity to: the sea, a lake, river, stream, creek, cliff, bank, ravine, or escarpment? If so, what specifically:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any existing structures on the property? (If yes, must be indicated on site drawing)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does or will your home contain any wood burning appliances?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What type of heating and ventilation system is installed or proposed for your house? _____	

The personal information you provide on this form is collected under the authority of the Local Government Act and SCRD Building Bylaw No. 687 or shíshá'lh Nation Self-Government Act and shíshá'lh Nation Government District Building Bylaw. Your personal information will only be used for the purposes 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 / Authorized Agent Signature Required →</b>		<b>Date:</b>
<b>Date Rec'd:</b>	<b>Rec'd By:</b>	