



Building Division 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 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

AGENT Primary Contact Agents Authorization 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"/>

Scope of Work:

Estimated Value of Construction:

Number of stories:	Number of bedrooms:	Existing:	New:	Total:
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HAVE YOU PROVIDED THE FOLLOWING?

Zoning and Land Use Declaration Form	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Owner's Acknowledgement of Responsibility and Undertakings form, Schedule E (SNGD - Schedule D)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Agents Authorization Letter, if applicable	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) (SNGD - Schedule C)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Proof of Sewerage Filing or registered practitioner's (ROWP) report, if applicable	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" (new or substantially re-constructed dwellings)	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"/>			
Site Disclosure Statement Form	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Construction Plans - 2 sets of printed architectural plans sealed by a P. Eng. if applicable, or 2 separate sealed copies, & 1 digital PDF copy of architectural plans	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Site Plan - 2 sets printed & 1 digital PDF, complete with all buildings, measurements & setbacks	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"/>			
Manufacturer's specification sheet & certification number (for mobile or modular home)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Riparian Declaration Form (for those located with the Islands Trust jurisdiction)	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Provide certification number if mobile or modular home:	<table border="1" style="width: 100%;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;"><u>CSA Z240 - MH</u></td> <td style="width: 33%; text-align: center;"><u>CSA A277</u></td> </tr> </table>		<u>CSA Z240 - MH</u>	<u>CSA A277</u>
	<u>CSA Z240 - MH</u>	<u>CSA A277</u>		

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"/>
What types of heating and cooling systems are proposed or installed in the building? Heating system: _____ Cooling system: _____	
What type of mechanical ventilation system(s) are proposed or installed in the building?	

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 SCR D Building Bylaw No. 687 or shishálh Nation Self-Government Act and shishálh 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.

Property Owner(s)/Agent Signature(s): _____	Date: _____
(for internal purposes only) Received by: _____	(for internal purposes only) Date received: _____