

Receipt #:

## BUILDING DEPARTMENT PERMIT APPLICATION

Location of Work				
Municipal Address:				Place
Legal Description:				Date Stamp
Here				
Folio: PID:				
Description of Work				
Estimated Value of Construction: Gross Floor Area:				
	Name			
Applicant / Agent:	Mailing Address			Postal Code
	Phone No	Cell No	Fax No	Email Address
	Name			
Property Owner:	Mailing Address			Postal Code
	Phone No	Cell No	Fax No	Email Address
Contractor:	Name			
	Mailing Address			Postal Code
	Phone No	Cell No	Fax No	Email Address
Designer:	Name			
	Phone No	Cell No	Fax No	Email Address
Plumber:	Name		Phone No	TQ Number
Heating	Name Phone No			Phone No
	☐ Gas Furnace ☐ Elec	tric 🗆	Fireplace:	☐ Gas ☐ Wood Burning Stove
The undersigned hereby certifies that they have personal knowledge of the particulars contained in the foregoing statements and solemnly declare that such particulars are fully and truly stated to the best of their knowledge and belief knowing that the District of Hope will rely upon the said particulars.				
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 District 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 District.				
Dated this day of, 20 at the District of Hope.				
SIGNATURE of PROPERTY OWNER / AGENT PRINT NAME				
Non-refundable Deposit Paid: \$\square\$ \$100.00 Receipt #				
<u> </u>				
Permit Number: Date Issued:				
Building Permit Fee \$ Plumbing Permit \$				
			Highway Access	\$
				\$
Municipal Deposit \$				
Water Connection \$				
Sanitary Connection \$ \$\$  Storm Connection \$ Balance Owing \$				

Date: