



# BUILDING PERMIT APPLICATION

Phone: (250)774-2541 Fax: (250)774-6794

## APPLICANT INFORMATION

Name:	Phone:	Cell:	Email:
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Are you the registered owner of the property?  Yes  No **If no please complete the following form: Owners Authorization To Assign An Agent**

**Mailing Address:**

Street	Town/City	Province	Postal Code
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## CONTRACTOR INFORMATION

Name:	Phone:	Cell:	Email:
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**Mailing Address:**

Street	Town/City	Province	Postal Code
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## SUBJECT PROPERTY

<b>Civic Address:</b>	Street Number:	Street/Road Avenue/Crescent:
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## TYPE OF BUILDING

<input type="checkbox"/> <b>Residential (Single Family)</b> <input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home CSA Number: _____ <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Modular Home	<input type="checkbox"/> <b>Residential (Multi Family)</b> <input type="checkbox"/> Apartment <input type="checkbox"/> Town/Condo Housing	<input type="checkbox"/> <b>Non-Residential</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional
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**Number of Buildings on Site:**

## TYPE OF WORK

<input type="checkbox"/> New	<input type="checkbox"/> Moving	<input type="checkbox"/> Siting Permit
<input type="checkbox"/> Foundation	<input type="checkbox"/> Alteration/Renovation	<input type="checkbox"/> Accessory
<input type="checkbox"/> Earthwork	<input type="checkbox"/> Fire/Flood Damage	<input type="checkbox"/> Temporary
<input type="checkbox"/> Addition	<input type="checkbox"/> Solid Fuel Appliance	<input type="checkbox"/> Retaining Wall
<input type="checkbox"/> Demolition	<input type="checkbox"/> Site Servicing	<input type="checkbox"/> Other

**Please provide a brief description of proposed work:**

## OFFICE USE ONLY

**Legal Description:**

Lot	Block	District Lot	Plan Number	Roll Number	PID Number
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<input type="checkbox"/> Site Plan (2 sets) <input type="checkbox"/> Plans (2 sets) <input type="checkbox"/> Land Title <input type="checkbox"/> Water/Sewer Auth	<input type="checkbox"/> Sewage Disposal Permit <input type="checkbox"/> Development Permit <input type="checkbox"/> Other	<b>Zoning Description:</b>
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## PERMIT VALUES

Permit Number:	Permit Cost:	Total Project Cost:
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**OWNER'S ACKNOWLEDGEMENT, RELEASE & INDEMNIFICATION**

*The undersigned acknowledges the following:*

I agree to conform to all the bylaws of the Regional Municipality and to save the Regional Municipality harmless from any action or cast whatsoever arising out of or incidental to the granting of this permit, if issued. I affirm that it is my responsibility as owner/agent to identify foundation conditions generally on which the intended construction is to be placed and take all action required to ensure the adequacy of the foundation.

1. Issuance of a permit pursuant to this application will not relieve me from my primary responsibility for complying with the federal, provincial and Town/Regional District regulations governing the work authorized by the permit, including the BC Building Code and the Town's/Regional District's building bylaw, nor from the responsibility for obtaining information about such regulations whether the work is undertaken by me or by those whom I may retain or employ to provide design or construction services.
2. Construction must be carried out in accordance with the permit and all applicable laws and in accordance with good construction practices.
3. It is my responsibility to establish the legal boundaries of the building lot and, unless the building official deems it necessary, to provide to the Town/Regional District a building survey certificate prepared by a BC Land Surveyor after the building foundations have been constructed.
4. Issuance of a permit does not entitle me to construct anything on the building lot in contravention of any covenant, easement, right of way, statutory building scheme or other restriction or charge registered against title to the land, responsibility for the identification and interpretation of which rests wholly with me.
5. I am responsible for requesting inspections by the Town's/Regional District's building official at the following stages of construction unless field reviews are being provided by a registered professional: footings and foundation form work; perimeter drainage and damp proofing before backfilling; water, sewer and storm drainage connections before backfilling; framing, plumbing, insulation and vapour barrier; and final inspection.
6. I will be liable to the Town/Regional District for the cost of repairing any damage to public works or highways that results from the construction authorized by the permit.
7. If the project involves any plumbing work, other than the repair or replacement of a valve, faucet, fixture or sprinkler, the clearance of a stoppage, or repair of a leak, requiring in each case no change in piping, a separate plumbing permit is required.
8. Neither the issuance of a permit pursuant to this application, nor the review or acceptance of plans, specifications, or drawings or the conduct of inspections by the Town of Fort Nelson/Northern Rockies Regional District constitutes a representation, warranty or assurance that the work authorized by the permit complies with the BC Building Code, the Town's/Regional District's building bylaw, or any other applicable enactment, code or standard, or meets any standard of materials or construction.
9. The owner/builder provide the Town of Fort Nelson/Northern Rockies Regional District copies of the Home Owner Warranty Inspections prior to any occupancy being issued.

In consideration of the granting of a permit pursuant to this application, I release and indemnify the Town of Fort Nelson/Northern Rockies Regional District, its councillors/directors, officers, and employees from and against any liability, demands, claims, causes of action, suits, judgements, losses, damages, costs and expenses of whatever kind which I or any other person, partnership, corporation or our respective heirs, successors, administrators or assignees may have or incur, in consequence of or incidental to the granting of the permit or any representation, advice, certification, inspection, approval, enforcement or failure to enforce the BC Building Code or the Town's/Regional District's building bylaws in respect of the work authorized by the permit and agree that the Town /Regional District owes me no duty of care in respect of these matters.

I have read and understand all the requirements of this application:

Date

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

M                    D                    Y

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Registered Owner

M                    D                    Y

***Building Permits are processed within 7 – 10 business days unless otherwise stated.***