



# BUILDING PERMIT DISTRICT OF PORT EDWARD

GST Registration No. 89179465 RPU001

No. \_\_\_\_\_  
 District No. \_\_\_\_\_

District of Port Edward  
 770 Pacific Avenue  
 PO Box 1100  
 Port Edward, BC V0V 1G0  
 Telephone (250) 628 3667  
 Fax (250) 628 9225

### PURSUANT TO REGULATIONS APPLICABLE TO THE DISTRICT OF PORT EDWARD

Mr / Mrs / Ms \_\_\_\_\_  
 # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Being the owner is hereby granted a PERMIT to

Located at \_\_\_\_\_ and as shown by the accompanying plan  
 Telephone Number \_\_\_\_\_

**LEGAL DESCRIPTION**

FOLIO No. \_\_\_\_\_

LOT \_\_\_\_\_ SECTION \_\_\_\_\_ BLOCK \_\_\_\_\_ PLAN \_\_\_\_\_ LAND DISTRICT \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_  
 # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Builder \_\_\_\_\_ Address \_\_\_\_\_  
 # \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

**THIS PERMIT IS ISSUED SUBJECT TO THE FOLLOWING SPECIAL REQUIREMENTS:**


- Notes:**
1. Permit issued according to the above SPECIAL REQUIREMENTS, the accompanying plans and the applicable regulations.
  2. Inspections must be requested in accordance with Building Regulation Bylaw requirements. At least 24 hours notice is required.
  3. A re-inspection fee will be charged in accordance with the Building Regulation Bylaw.
  4. Work related to this permit must be started within 6 months of the date of issue and must not be discontinued or suspended for more than one year. Separate permits are required for plumbing installations and fireplace / chimney construction.
  5. A CERTIFICATE OF OCCUPANCY MUST BE APPLIED FOR AND OBTAINED PRIOR TO THE OCCUPANCY OF ANY BUILDING.

**LIMITATION OF LIABILITY**

Neither the issuance of a permit under this bylaw nor the acceptance or review of plans, drawings or specifications or supporting documents, nor any inspections made by or on behalf of the Capital Regional District shall in any way relieve the owner or his or her representatives from full and sole responsibility to perform the work in full accordance with the British Columbia Building Code, the Building Regulation Bylaw of the District of Port Edward and all other applicable enactments, codes, and standards.

**FREEDOM OF INFORMATION WAIVER**

Personal information contained on this form is collected under the "Freedom of Information and Protection of Privacy Act" and will be only used for the purpose of issuing this permit. Enquiries about the collection or use of information on this form can be directed to the appropriate building inspection office listed at the top of this appendix.

All building in the District of Port Edward is regulated by Building Regulation Bylaw No. 477.

**FEE SUMMARY**

AREA OF BUILDING	FEE
ESTIMATED COST	
PLUMBING PERMIT (residential)	
PLUMBING PERMIT (commercial)	
CHIMNEY / APPLIANCE PERMIT	
DEMOLITION / DECONSTRUCTION PERMIT	
OTHER	
<b>Total Permit Fee</b>	

BUILDING INSPECTOR  
 DISTRICT OF PORT EDWARD

DATE PERMIT GRANTED \_\_\_\_\_

Payment By  cheque  cash  
 date \_\_\_\_\_



# DISTRICT OF PORT EDWARD Building Permit Application

Hold No.
Permit No.

District of Port Edward  
770 Pacific Avenue  
PO Box 1100  
Port Edward, BC V0V 1G0  
Telephone: (250) 628-3667  
Fax: (250) 628-9225

PLEASE PRINT CLEARLY: Pursuant to the regulations applicable to the DISTRICT OF PORT EDWARD:

\_\_\_\_\_, address \_\_\_\_\_  
being the owner or representing the owner, hereby make application to, (Check one in box 1 and one in box 2 below)

1	<input type="checkbox"/> REACTIVATE	<input type="checkbox"/> DECONSTRUCT	2	<input type="checkbox"/> SINGLE FAMILY DWELLING	<input type="checkbox"/> GARAGE
	<input type="checkbox"/> CONSTRUCT	<input type="checkbox"/> ADD TO		<input type="checkbox"/> TWO FAMILY DWELLING	<input type="checkbox"/> CARPORT
	<input type="checkbox"/> ALTER	<input type="checkbox"/> MOVE		<input type="checkbox"/> MOBILE Complete form 1A	<input type="checkbox"/> MULTI-FAMILY DWELLING
	<input type="checkbox"/> REPAIR	<input type="checkbox"/> DEMOLISH		<input type="checkbox"/> OTHER :	<input type="checkbox"/> COMMERCIAL

The above project is located at \_\_\_\_\_  
Complete Address

LEGAL DESCRIPTION					FOLIO No.
LOT	SECTION	BLOCK	PLAN	LAND DISTRICT	

### Other Pertinent Information

OWNER \_\_\_\_\_ FIRST & LAST NAME \_\_\_\_\_ ADDRESS (UNIT#, HOUSE #, STREET, CITY, POSTAL CODE) \_\_\_\_\_

ARCHITECT \_\_\_\_\_ FIRST & LAST NAME \_\_\_\_\_ ADDRESS (UNIT#, HOUSE #, STREET, CITY, POSTAL CODE) \_\_\_\_\_

CONTRACTOR \_\_\_\_\_ FIRST & LAST NAME \_\_\_\_\_ ADDRESS (UNIT#, HOUSE #, STREET, CITY, POSTAL CODE) \_\_\_\_\_

### LIMITATION OF LIABILITY

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NOTE: An Occupancy Permit will not be issued without confirming that an appropriate sewerage system has been constructed.

\_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

### THIS APPLICATION FORM MUST BE ACCOMPANIED BY THE FOLLOWING:

1. Plan processing fee.
2. Copy of ASSESSMENT NOTICE (Tax Notice).
3. Copy of a current TITLE SEARCH, including copies of all covenants, easements and rights of way.
4. Site Plan drawn to scale showing: dimensions of property, location of septic tank and disposal field, location of proposed building, ground elevations, location of all existing buildings, details of site drainage.
5. Include specifications and scale drawings (three sets) of the building with respect to which the work is to be carried out showing: foundation plan (fully dimensioned), floor plan of each level (fully dimensioned), elevations of all sides of the building, proposed and or existing uses of all rooms shown on floor plans, overall cross sections with structural details.
6. Reverse printed plans not acceptable
7. Documentation as required by Homeowner Protection Office.

Date Received