



BUILDING PERMIT DISTRICT OF PORT EDWARD

G.S.T. Registration No. 08179466 RP0001

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

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:

Empty box for special requirements.

Notes:

- Permit issued according to the above SPECIAL REQUIREMENTS, the accompanying plans and the applicable regulations.
- Inspections must be requested in accordance with Building Regulation Bylaw requirements. At least 24 hours notice is required.
- A re-inspection fee will be charged in accordance with the Building Regulation Bylaw
- 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.
- 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	
Total Permit Fee	

BUILDING INSPECTOR
DISTRICT OF PORT EDWARD

Payment By cheque
date _____ cash

DATE PERMIT GRANTED



DISTRICT OF PORT EDWARD Building Permit Application

Hold
No.

Permit
No.

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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) _____

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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:

- Plan processing fee.
- Copy of ASSESSMENT NOTICE (Tax Notice).
- Copy of a current TITLE SEARCH, including copies of all covenants, easements and rights of way.
- 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.
- 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.
- Reverse printed plans not acceptable.
- Documentation as required by Homeowner Protection Office.

Date Received _____