



## **BUILDING PERMIT APPLICATION**

Being the owner of the described property, I make application for a permit to undertake the specified work. I agree to conform to all requirements of the *Building Regulation Bylaw*, the *BC Building Code*, and other applicable bylaws. I will comply with any restrictions imposed by the easements or restrictive covenants registered against the property. Neither the issuance of this permit, nor the acceptance of the drawings and specifications submitted as part of this application, relieves me from the responsibility of ensuring the construction for which this permit is issued conforms to the requirements of the applicable bylaws, nor prevents the Building Inspector from requiring correction of any errors in construction or any contravention of the applicable bylaws.

### **ALL APPLICATIONS MUST BE COMPLETED AND ACCOMPANIED BY:**

- One detailed site plan of the property with a minimum scale of 1: 200 (Show driveway, existing buildings, watercourses, steep banks);
- Two complete sets of plans of the proposed structure with sufficient detail to demonstrate compliance with the *BC Building Code*;
- A copy of the sewage disposal filing document stamped as accepted by Vancouver Island Health Authority (VIHA); *[if applicable]*
- Homeowner Protection Act* declaration or warranty form *[for residential dwelling units]*;
- A copy of the Driveway Access Permit (from the Ministry of Transportation property is on Highway 14 or from the District of Sooke for all other roads);
- A copy of the Certificate of Title;
- The applicable Permit Application Review Fee (non-refundable);
- Copies of any referenced non-financial charges (i.e. covenants, easements).

**This application may be rejected or its approval may be delayed if any of the above items are missing or if this form is incomplete. All registered owners of the property must sign this application.**

Civic Address of Project:	Tax Roll Number:
Full Legal Description:	
Registered Owner(s):	Home Phone/ Fax:
Mailing Address:	Work Phone:
Contractor:	Home Phone:
Mailing Address:	Work Phone/ Fax:

Use of Building:	<i>Department use only</i>	
	Building Class:	
Number of Equivalent Bedrooms (for single family dwelling):	Building Area:	Number of Storeys:

Class of Work:	New <input type="checkbox"/>	Manufactured Home <input type="checkbox"/>
	Addition <input type="checkbox"/>	Mobile Home <input type="checkbox"/>
	Alteration/Repair <input type="checkbox"/>	Wood Burning Appliance <input type="checkbox"/>
	Move/Demolition <input type="checkbox"/>	

Description of Work:
Contract or construction value: \$
Source of potable water supply:
Are there any bodies of water (e.g. stream, creek, wetland, swamp, lake, ocean) on or near the parcel?
Will the building or structure be sited within 30 meters (+/- 100 feet) of the edge of a slope?
Are there any businesses currently being operated on this property (Include any home-based businesses and bed and breakfasts)?
Do you intend to operate a business on this property (Include any home-based businesses and bed and breakfasts)?

**WAIVER AND INDEMNITY:** I assume all risks incidental to building construction and inspection services and agree to release, save harmless and indemnify the District of Sooke and its officials, agents, servants and representatives, from and against all claims, actions, costs, expenses and demands with respect to the death, injury, loss or damage to persons or property arising out of or in connection with the building construction and building inspection services. I understand that no warranty is implied for building inspection services and that this waiver and indemnity is binding on me, my heirs, executors and assigns. I acknowledge that the District, in issuing this permit, is relying on the certification of my professional engineer or registered architect.

**FREEDOM OF INFORMATION NOTICE:** Personal information contained on this form is collected under the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of issuing this permit and for municipal statistics. Enquiries about the collection or use of information on this form may be directed to the Deputy Clerk.

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Application

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Application