



Building Safety Division  
Planning and Development Department  
2205 Otter Point Road, Sooke, BC V9Z 1J2  
Office Hours: Monday – Friday: 8:30 AM - 4:30 PM  
Phone: (250) 642-1634 Email: [building@sooke.ca](mailto:building@sooke.ca)

## Residential Building Permit - Addition

**PLEASE NOTE:** Only complete applications will be accepted

### Description of Property

**Civic Address:**

|       |                  |             |
|-------|------------------|-------------|
| Sooke | British Columbia |             |
| City  | Province         | Postal Code |

**Legal Description:**

|     |       |         |      |     |
|-----|-------|---------|------|-----|
| Lot | Block | Section | Plan | PID |
|-----|-------|---------|------|-----|

**Zoning:**

|          |  |
|----------|--|
| Existing |  |
|----------|--|

### Applicant Contact Information (Please note that Inspection Notices will be forwarded solely to the Applicant)

**Applicant is:**

|                     |                              |                                                                             |
|---------------------|------------------------------|-----------------------------------------------------------------------------|
| Sole Property Owner | <input type="checkbox"/> Yes | <input type="checkbox"/> No <small>(See Owner's Authorization Form)</small> |
|---------------------|------------------------------|-----------------------------------------------------------------------------|

**Name:**

**Email:**

**Phone Number(s):**

**Mailing Address:**

|      |          |             |
|------|----------|-------------|
| City | Province | Postal Code |
|------|----------|-------------|

### Owner Contact Information (attach a separate page if necessary)

**Name:**

**Email:**

**Phone Number(s):**

**Mailing Address:**

|      |          |             |
|------|----------|-------------|
| City | Province | Postal Code |
|------|----------|-------------|



## Builder Contact Information

Name:

Email:

Phone Number(s):

Mailing Address:

City

Province

Postal Code

## Plumber Contact Information

Name:

Email:

Phone Number(s):

Mailing Address:

City

Province

Postal Code

Trade Qualification #

## Description of Proposal (attach a separate page if necessary)

Value of Construction:

No. of Residential Units (If applicable)

Area of Project in M<sup>2</sup>

Property is Serviced By (check all that apply):

|                                      |                          |                                   |                          |                              |                          |
|--------------------------------------|--------------------------|-----------------------------------|--------------------------|------------------------------|--------------------------|
| Municipal Sewer System               | <input type="checkbox"/> | CRD Water Supply                  | <input type="checkbox"/> | Municipal Storm Drain        | <input type="checkbox"/> |
| Private Sewage/On-Site Septic System | <input type="checkbox"/> | Private Well/On-Site Water Supply | <input type="checkbox"/> | Private/On-Site Storm System | <input type="checkbox"/> |



## Site Disclosure Statement (SDS) for Contaminated Sites

Pursuant to the *Environmental Management Act*, the Province of British Columbia requires an applicant to submit a [Site Disclosure Statement Form](#) on properties that are or were used for commercial or industrial purposes as defined within the provincial regulations, i.e., [Schedule 2](#) activities. Please indicate if the subject property qualifies for the following major exemptions for requiring a Site Disclosure Statement:

The property has always been used for residential purposes

☐ Yes ☐ No ([See SDS Form - Schedule 1](#))

## Application Requirements Checklist

Other than the hardcopy drawing sets, all required Attachments must be provided as separate digital PDFs without any passwords or restrictions.

**PLEASE NOTE:** All application submissions must adhere to the following naming convention: [YYYY-MM-DD Attachment Title.pdf]. For example, the attachment for the Application Form would be named: 2024-01-01 Application Form.pdf.

Complete application packages can be submitted by email to [building@sooke.ca](mailto:building@sooke.ca). If the application cannot be submitted electronically, please contact the Building Safety department at [building@sooke.ca](mailto:building@sooke.ca) or 250-642-1634 to make alternative arrangements for submission.

| REQ.                     | REC.                     | ATTACHMENT                              | DETAILS                                                                                                                                          |
|--------------------------|--------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Application Form                        | Completed Application Form.                                                                                                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Owner's Authorization Form              | Signed by all Property Owners registered on Title.                                                                                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Corporate Registry/ Company Search      | Required only if the registered property owner is a registered company, current within 30 days of application submission.                        |
| <input type="checkbox"/> | <input type="checkbox"/> | LTSA Title Search                       | Copy of LTSA Title Search, current within 30 days of application submission.                                                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of All Charges Registered on Title | Provide copies of the non-financial legal documents registered on the Certificate of Title ( <i>Covenants, Easements, Right-of-Ways, etc.</i> ). |
| <input type="checkbox"/> | <input type="checkbox"/> | Application Fee                         | Per <a href="#">District of Sooke Bylaw Fees and Charges Bylaw No. 752</a> , payable via cash, cheque or debit.                                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hazardous Material Assessment           | Hazardous Material Assessment Report, for alterations or renovations to buildings and structures built prior to 1990.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Letters of Assurance (where applicable) | Letters of Assurance ensuring compliance with the BC Building Code, including Permit to Practice number(s)                                       |



| REQ.                     | REC.                     | ATTACHMENT                                                                                                                                                                                                                                     | DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Record of Sewage System (where applicable)</b>                                                                                                                                                                                              | Record of Sewage System from Island Health, for properties that are located outside of the Sewer Specified Area (SSA) and/or are not connected to a community sewer system, if the addition includes plumbing,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Water Service Sizing Form (where applicable)</b>                                                                                                                                                                                            | Completed <a href="#">Water Pipe Servicing form</a> , indicating any new plumbing fixtures being proposed, if the addition includes plumbing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Site Disclosure Statement Form (<a href="#">Schedule 1</a>)</b>                                                                                                                                                                             | Required only if the property has NOT always been used for residential purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Site Plan and Design Drawings</b><br><input type="checkbox"/> <i>Hardcopy Set (x2)</i><br><input type="checkbox"/> <i>Digital Set (x1)</i><br><br><i>(Plans to be drawn to an acceptable drafting scale to a maximum size of 24" x 36")</i> | <input checked="" type="checkbox"/> <b>Site Plan:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Be referenced to a current survey plan prepared by a BC Land Surveyor</li> <li><input type="checkbox"/> North arrow and scale.</li> <li><input type="checkbox"/> Legal description and civic address of subject property.</li> <li><input type="checkbox"/> Location and dimensions of all property boundaries, covenant areas, easement areas, right-of-way areas, etc.</li> <li><input type="checkbox"/> Location of Present Natural Boundary (PNB) or top of bank for watercourses, SPEA, and riparian areas.</li> <li><input type="checkbox"/> Topographic information, including watercourses and steep banks.</li> <li><input type="checkbox"/> Location and dimensions of all buildings and structures, including setbacks to existing structure and proposed addition.</li> <li><input type="checkbox"/> Location and dimensions of the driveway and all proposed off-street parking spaces. Show the existing and proposed material through the boulevard.</li> <li><input type="checkbox"/> Location of all existing and proposed streets, lanes, sidewalks, trails, water lines, wells, septic fields, sanitary sewer, and stormwater drain facilities with grades. All grades must relate to an established datum point.</li> <li><input type="checkbox"/> Location, setbacks, and elevations of all retaining walls, steps, stairs, and decks.</li> <li><input type="checkbox"/> Average natural and finished grade values, shown as Geodetic Datum values, for all external corners of proposed addition (<i>measured by a BC Land Surveyor</i>).</li> <li><input type="checkbox"/> Location of emergency services access routes where a driveway is in excess of 45 m.</li> </ul><br><input checked="" type="checkbox"/> <b>Floor Plans</b> ( <i>minimum scale 1:50</i> ): <ul style="list-style-type: none"> <li><input type="checkbox"/> Reference to BC Building Code</li> <li><input type="checkbox"/> Dimensions and uses of all areas, labelled.</li> <li><input type="checkbox"/> Engineered design elements sealed by a registered P.Eng (if applicable)</li> <li><input type="checkbox"/> Location, dimensions, and swing of doors and windows.</li> <li><input type="checkbox"/> Location and dimensions of all interior and exterior stairways.</li> <li><input type="checkbox"/> Plumbing fixtures.</li> <li><input type="checkbox"/> Foundation plan, including crawlspace area(s).</li> <li><input type="checkbox"/> Seismic design including braced wall panel layout and specifications.</li> </ul> |



| REQ. | REC. | ATTACHMENT | DETAILS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------|------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|      |      |            | <div><div><div><input type="checkbox"/> Fire separations as applicable.</div><div><input type="checkbox"/> Safety Requirements:<ul style="list-style-type: none"><li><input type="checkbox"/> Smoke and Carbon Monoxide alarms</li><li><input type="checkbox"/> Radon Requirements</li></ul></div><div><input type="checkbox"/> Bedroom egress windows</div><div><input checked="" type="checkbox"/> Elevations <i>(as Geodetic Datum values)</i>:<ul style="list-style-type: none"><li><input type="checkbox"/> Average natural and average finished grades; including floor heights.</li><li><input type="checkbox"/> Elevations of all sides affected by the addition, labelled.</li><li><input type="checkbox"/> Building finishes, details of roof slope, windows, doors.</li><li><input type="checkbox"/> Spatial separation calculations <i>(wall area, limiting distance and permitted openings, actual openings)</i>.</li><li><input type="checkbox"/> Basement and non-basement areas, identified with a horizontal dashed line.</li></ul></div><div><input checked="" type="checkbox"/> Cross-Sections:<ul style="list-style-type: none"><li><input type="checkbox"/> Building cross-sections illustrating ceiling heights and construction systems <i>(Roof, Wall, Floor assemblies)</i>; may include foundation, drainage, columns, framing, sheathing, rainscreen, interior and exterior finishes, insulation, ventilation and roof materials as applicable.</li><li><input type="checkbox"/> All exterior window and door assemblies, including window head and sill flashing.</li><li><input type="checkbox"/> Guardrails</li><li><input type="checkbox"/> Crawl space area labelled.</li></ul></div><div><input checked="" type="checkbox"/> Development Summary <i>(Project Information Table)</i>:<ul style="list-style-type: none"><li><input type="checkbox"/> Civic address and legal description.</li><li><input type="checkbox"/> Zone <i>(existing)</i>.</li><li><input type="checkbox"/> Total lot area <i>(m<sup>2</sup>)</i>.</li></ul></div><div><div>Permitted and Proposed:</div><div><div><input type="checkbox"/> Site coverage <i>(%)</i>.</div><div><input type="checkbox"/> All setbacks <i>(m)</i>.</div><div><input type="checkbox"/> Total floor area <i>(m<sup>2</sup>)</i> for all building levels.</div><div><input type="checkbox"/> Total floor area of secondary suite <i>(m<sup>2</sup>)</i> as applicable.</div><div><input type="checkbox"/> Total floor area <i>(m<sup>2</sup>)</i> and floor area ratio <i>(F.A.R.)</i>.</div><div><input type="checkbox"/> Number and type of dwelling units.</div><div><input type="checkbox"/> Height of building(s) <i>(m)</i> and number of storeys.</div><div><input type="checkbox"/> Number of off-street parking spaces separated by type <i>(accessible, loading, EV/standard vehicle/bicycle, etc.)</i>.</div></div></div></div></div> <div><div><input type="checkbox"/></div><div><input type="checkbox"/></div><div>Other</div></div> |

## Application Submission Acknowledgement

- ☐ I hereby make an application as specified herein, and declare that all the information submitted in support of the application is true and correct in all respects.



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- ☐ I hereby acknowledge that all the information provided herein is collected for the purpose of administering the *Local Government Act* and the bylaws of the municipality under the *Local Government Act*, and under the authority of those enactments.
- ☐ I hereby acknowledge that submission of the Application Form and associated Attachments does not automatically constitute acceptance of the application.

**PLEASE NOTE:** Upon receipt of a complete application, District of Sooke staff will confirm acceptance of the application with the applicant.

Applicant's Signature

Date

## Building Department - For Office Use Only

|                     |              |
|---------------------|--------------|
| Date/Time Received: | Received By: |
| Project No:         | Folder No:   |
| Comments:           |              |

Comments Checked in Tempest Land: ☐ Yes ☐ No

Application Fee ☐ Cash / Debit ☐ Cheque  
Outstanding/Incomplete ☐ Yes ☐ No  
BLD / PLN / ENG / CFS