



Making a Difference Together

Building Permit Application

Hold No.

Permit No.

SOUTHERN GULF ISLANDS
WILUS POINT & MALAHAT
BUILDING INSPECTION
Mail to: P.O. Box 1000 (825 Fisgard Str.)
Victoria, BC, V8W 2S6
(250)360-3230 FAX (250)360-3232
Toll Free: 1-866-475-1581

JUAN DE FUCA
BUILDING INSPECTION
3-7450 Butler Rd.
Sooke, BC V9Z 1N1
(250)642-8109 FAX (250)642-5274

SALT SPRING ISLAND
BUILDING INSPECTION
206 - 118 Fulford Ganges Rd.
Salt Spring Island, BC, V8K 2S4
(250)537-2711 FAX (250)537-9633

PENDER ISLAND
BUILDING INSPECTION
PO BOX 1000
VICTORIA BC V8W 2S6
(250)360-3230

PLEASE PRINT CLEARLY: Pursuant to the regulations applicable to the CAPITAL REGIONAL DISTRICT:

I, _____, 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

Contact Email: _____

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

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 CRD 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 Capital Regional District Electoral Areas is regulated by Building Regulation Bylaw No. 3741.

NOTE: An Occupancy Permit will not be issued without either a holding tank permit issued by the Vancouver Island Health Authority or a letter of certification, as described in section 9 of the Sewerage System Regulation, B.C. Reg. 326/2004, from a registered practitioner or a professional 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. Copy of documents filed with the Vancouver Island Health Authority under section 8(2) of the Sewerage System Regulation, B.C. Reg. 328/2004 and proof of potable water supply and well log.
6. Include specifications and scale drawings (three sets for the Southern Gulf Islands; two sets for Salt Spring Island) 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,
7. Reverse printed plans not acceptable.
8. Documentation as required by Homeowner Protection Office.

Date Received

Note: Permit duration period is two years or permit to complete will be required.