



CORPORATION OF THE CITY OF VERNON
 3400 – 30th Street, Vernon, B.C., V1T 5E6
 ph: 250-545-1361
 fx: 250-545-5309
 Email: cmartens@vernon.ca
 www.vernon.ca

BUILDING PERMIT APPLICATION

APPLICATION FOR COMPLEX BUILDINGS

Complex Building as defined by Bylaw No. 4900

All buildings used for major occupancies classified as assembly occupancies, care or detention occupancies, high hazard industrial occupancies; and all buildings exceeding 600 square meters in building area or exceeding three storeys in building height used for major occupancies classified as: residential occupancies, business and personal service occupancies, mercantile occupancies, medium and low hazard industrial occupancies, and farm buildings.

PLEASE PRINT (TO BE FILLED OUT COMPLETELY BY APPLICANT)

DATE OF APPLICATION:
PROJECT ADDRESS:
LEGAL DESCRIPTION:
PROPOSED USE:
VALUATION: \$

OWNER	NAME:	PHONE:
	ADDRESS:	FAX:
	POSTAL CODE:	E-MAIL:
OWNER'S AGENT	NAME:	PHONE:
	ADDRESS:	FAX:
	POSTAL CODE:	E-MAIL:
CONTRACTOR	NAME:	PHONE:
	ADDRESS:	FAX:
	POSTAL CODE:	E-MAIL:
	BUSINESS LICENSE #:	CELL:

ENSURE ALL THE FOLLOWING ARE INCLUDED (AS APPLICABLE)

APPLICATION CHECKLIST			
Schedule "2" (Owners Undertaking)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Existing Damage to Municipal Works Form Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Schedule "3" (Appointment of Agent)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Development Servicing Bylaw #3843 Requirements (see guide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Title Search (<30 days old)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sewage Disposal Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Two Complete Sets of Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	City and/or Highway Access Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Service Application	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ministry of Health Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
HPO Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Site Servicing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Schedule "B-1" and "B-2"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	'Late Comer' Bylaw	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Designated Heritage Building	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ministry of LWAP Approval	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Schedule "A"	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Building Code Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Equivalency Report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Retaining or Stacked Rock walls exceeding 1.2 m. height	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Fire and Interface Requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

Applicant Name: _____ Applicant's Signature: _____
 (Please Print Clearly)

Comments	For Office Use
	ROLL NO:
	BUILDING & PLUMBING PERMIT NO:
	SERVICE APPLICATION NO:

Five copies required: 1. Office 2. Finance 3. Assessment 4. Customer 5. Field