



CORPORATION OF THE CITY OF VERNON
 3400 – 30TH Street, Vernon BC., V1T 5E6
 Phone: 250-545-1361 Fax: 250-549-1535
 Email: buildingcounter@vernon.ca
 Website: www.vernon.ca

PLUMBING PERMIT APPLICATION

BYLAW NO. 4900

Subsection 5.14 – every person shall apply for and obtain a plumbing permit before constructing, repairing or altering a plumbing system.
 Subsection 10.1.7 – and subsection 7.1.6.1 of the B.C. building code – require that personnel performing plumbing work possess a B.C. tradesman’s qualification, or be an indentured apprentice supervised by a plumber or be the registered owner of the single family dwelling in which the plumbing work will be performed, provided evidence can be provided the owner can satisfactorily perform the work.

PLEASE PRINT (TO BE FILLED OUT COMPLETELY BY APPLICANT)

DATE OF APPLICATION:

PROJECT ADDRESS:

LEGAL DESCRIPTION: Lot #

Plan #

Folio #:

SCOPE OF WORK:

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

APPLICATION CHECKLIST

Schedule “2” (Owners Undertaking)	YES	NO	N/A	INSTALL NEW PLUMBING IN AN EXISTING BUILDING	YES	NO	N/A
Schedule “3” (Appointment of Agent)	YES	NO	N/A	ADD TO EXISTING PLUMBING IN AN EXISTING BUILDING	YES	NO	N/A
Existing Damage to Municipal Works Form Completed	YES	NO	N/A	CONNECT TO SANITARY UTILITY	YES	NO	N/A
Interior Health approval	YES	NO	N/A	CONNECT TO STORM UTILITY	YES	NO	N/A
	YES	NO	N/A	CONNECT TO WATER UTILITY	YES	NO	N/A
	YES	NO	N/A	REPLACE SANITARY UTILITY	YES	NO	N/A
	YES	NO	N/A	REPLACE STORM UTILITY	YES	NO	N/A
	YES	NO	N/A	REPLACE WATER UTILITY	YES	NO	N/A

Applicant Name: _____ **Applicant Signature:** _____
 (Please Print Clearly)

For Office Use	For Office Use
	PLUMBING PERMIT # BP
IF APPLICABLE	SERVICE PERMIT #:: MP



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**SCHEDULE “2”
 OWNERS UNDERTAKING
 (BYLAW # 4900)**

PLEASE PRINT CLEARLY

PROPERTY ADDRESS:
LEGAL DESCRIPTION:

OWNER	NAME:	PHONE:	
	ADDRESS:	FAX:	
	POSTAL CODE:	E-MAIL:	CELL:

This undertaking is given by the undersigned, as the owner of the property described above, with the intention that it be binding on the owner and that the Corporation of the City of Vernon will rely on same.

I confirm that I have applied for a building permit pursuant to the City of Vernon Building/Plumbing Bylaw No.4900, and that I have carefully reviewed and fully understand all of the provisions of the Bylaw and in particular, understand, acknowledge and accept the provisions describing the purpose of the Bylaw, the conditions under which permits are issued, the disclaimer of warranty or representation and the limited extent of the scope of the Bylaw and inspections there under.

Without in any way limiting the foregoing, I acknowledge fully that it is my responsibility, whether or not any work to be performed pursuant to the permit applied for is done by me, a contractor or a registered professional, to ensure compliance with the Building Code and the Bylaw.

I am not in any way relying on the City or the Building Officials of the City, as defined under the Bylaw, to protect the owner or any other persons as set out in Section 1.2 of the Bylaw and I will not make any claim alleging any such responsibility or liability on the part of the City or its Building Officials.

DEVELOPMENT SERVICING BYLAW #3843

I have also reviewed the building permit application guide and acknowledge that as a condition of approval of a building permit valued at more than \$25,000.00, I will be responsible for any infrastructure improvements directly attributable to my development.

Date: _____ Owner's Signature _____



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**SCHEDULE “3”
 OWNERS UNDERTAKING
 (BYLAW # 4900)**

PLEASE PRINT CLEARLY

PROPERTY ADDRESS:
LEGAL DESCRIPTION:

OWNER	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL ADDRESS:	E-MAIL:	CELL:
OWNER'S AGENT	NAME:		PHONE:
	ADDRESS:		FAX:
	POSTAL ADDRESS:	E-MAIL:	CELL:

I am the owner of the above referenced property and hereby authorize the above noted agent to represent met in an application for the following:

PLEASE CHECK WHERE APPLICABLE	
<input type="checkbox"/>	Building Permit – Application #
<input type="checkbox"/>	Demolition Permit – Application #
<input type="checkbox"/>	Plumbing Permit – Application #
<input type="checkbox"/>	Development Permit – Application #
<input type="checkbox"/>	Development Variance Permit – Application #
<input type="checkbox"/>	Sub Division Application – Application #
<input type="checkbox"/>	Rezoning Application – Application #
<input type="checkbox"/>	OCP Amendment Application – Application #
<input type="checkbox"/>	Board of Variance Application – Application #
<input type="checkbox"/>	Sign Permit – Application #

I hereby authorize the above noted agent to:

PLEASE CHECK WHERE APPLICABLE	
<input type="checkbox"/>	View or Receive Copies of Correspondence and/or Permits
<input type="checkbox"/>	View or Receive Copies of Permit Plans
<input type="checkbox"/>	Receive a Building Permits the Owner of the Subject Property Prior to Transfer of Title

Date: _____

Owner's Signature: _____



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DAMAGE TO PUBLIC WORKS

NOTICE TO CONTRACTORS / OWNERS

BUILDING PERMIT NUMBER:

ADDRESS:

Lot:

Plan:

Section 14.2 of Building Bylaw No. 4900 states every owner to whom a permit is issued shall be responsible for the cost of repair of any damage to municipal works that occurs in the course of work authorized by the permit. As part of the permit application the applicant must inspect and declare any existing damage to municipal works. This information can be in the form of drawings, digital images, or photographs. Upon completion of the work and prior to occupancy, the City will inspect the municipal works and assign value to damage resulting from the work. This cost must be paid before an occupancy permit will be issued and will be used at some time in the future to repair the damage.

DECLARED DAMAGE:

I hereby acknowledge that I personally inspected the Municipal works immediately adjacent to the above noted property and have accurately stated the damage to Municipal works.

Dated in Vernon, BC this _____ day of _____, 20 ____.

 Signature of Owner or Authorized Agent

 Print Name

OFFICE USE ONLY:

_____ sections of sidewalk damage X _____ meters X unit cost / meter \$ _____ = \$ _____

_____ sections of curb damage X _____ meters X unit cost / meter \$ _____ = \$ _____

Other damage _____ = \$ _____

TOTAL: \$ _____