



# BUILDING PERMIT APPLICATION

Community Services Building  
3001 – 32 Ave, Vernon, B.C., V1T 2L8  
Phone: 250-550-3634 Fax: 250-545-5309  
[buildingcounter@vernon.ca](mailto:buildingcounter@vernon.ca)  
[www.vernon.ca](http://www.vernon.ca)

### OFFICE USE ONLY

Application Received Date: \_\_\_\_\_  
Permit / File No: \_\_\_\_\_

Project Address/Legal Description: \_\_\_\_\_ "My City" Access Code: \_\_\_\_\_

Construction Value \$: \_\_\_\_\_ Floor Area: sq.ft: \_\_\_\_\_

### PERMIT INFORMATION

Permit Type		Description: (Choose all that apply to this project)	
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Industrial	<input type="checkbox"/> New Construction	<input type="checkbox"/> Retaining Wall
<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Institution	<input type="checkbox"/> Addition	<input type="checkbox"/> Secondary Suite
<input type="checkbox"/> Multi-Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Alteration/Reno	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Commercial	<input type="checkbox"/> Leasehold Improvements	<input type="checkbox"/> Complex Building (Part 3)
<input type="checkbox"/> Manufactured/Mobile Homes		<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Foundation
		<input type="checkbox"/> Plumbing	<input type="checkbox"/> OTHER _____

Description of Project: \_\_\_\_\_

Description of Business: (APPLIES TO NON- RESIDENTIAL APPLICIATIONS (i.e RESTAURANT, ACCOUNTING OFFICES, ETC) \_\_\_\_\_

### CONTACT INFORMATION

**NOTE: All relevant supporting documents as identified on the associated CHECKLIST must be submitted along with this application**

<b>PROPERTY OWNER:</b>	Name:	Email:	
	Address:	City:	Province:
	Postal Code:	Phone:	Cell:
<b>OWNER'S AGENT:</b>	Name:	Email:	
	Address:	City:	Province:
	Postal Code:	Phone:	Cell:

**NOTE: If the applicant is other than the registered owner(s), an Appointment of Agent form is required.**

<b>BUILDER:</b>	Name:	Email:	
	Address:	City:	Province:
	Postal Code:	Phone:	Cell:
<b>BUSINESS LICENCE #</b> <small>(VALID CITY OF VERNON):</small>	Address:	City:	Province:
	Postal Code:	Phone:	Cell:

The City of Vernon provides all inspection and monitoring reports by e-mail only. Please let us know who should receive a copy of these reports (home owner, contractor etc), along with their e-mail address.

**INSPECTION CONTACT NAME:** \_\_\_\_\_ **E-MAIL ADDRESS:** \_\_\_\_\_

### APPLICATION FEE

*(Refer to current Fees and Charges Bylaw)*

<input type="checkbox"/> <b>COMPLEX BUILDING (Part 3 Buildings)</b> <i>(All buildings over 600 sq.m)</i> <b>Application Fee \$250</b>	<input type="checkbox"/> <b>SIMPLE NON-COMPLEX (Part 9 Buildings)</b> <i>(All buildings less than 600 sq.m)</i> <b>Application Fee \$150</b>
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### OWNER/AGENT ACKNOWLEDGES:

I hereby apply for a Building Permit for the construction as described herein and I hereby certify that the above information is correct and I agree to comply with all pertinent Bylaws whether the detailed information is contained herein or not, and that, if I am not the owner of the property upon which the above construction is to be carried out on, I have been authorized by way of an Agency Agreement, by the Owner as his/her Owner's Agent to act on his/her behalf. In consideration of the granting of the permission applied for I hereby agree to indemnify and keep harmless the City of Vernon against all claims, liabilities, judgements, costs and expenses of whatsoever kind, which may in any way accrue against the said corporation in consequence of and incidental to the granting of this permit.

**APPLICANT NAME:** \_\_\_\_\_ **APPLICANT SIGNATURE:** \_\_\_\_\_

Personal information is collected for the purposes of processing your building permit application. The City of Vernon is collecting this information under s.26(c) of the Freedom of Information and Protection of Privacy Act. For any questions regarding the collection of personal information, please contact the FOI Clerk at [foirequest@vernon.ca](mailto:foirequest@vernon.ca) or 250-545-3491.



# SCHEDULE "1" OWNER'S UNDERTAKING

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PLEASE PRINT CLEARLY

<b>PROPERTY ADDRESS:</b>
<b>LEGAL DESCRIPTION:</b>

<b>REGISTERED PROPERTY OWNER</b>	<b>NAME:</b>	<b>PHONE:</b>	
	<b>ADDRESS:</b>	<b>FAX:</b>	
	<b>POSTAL CODE:</b>	<b>E-MAIL:</b>	<b>CELL:</b>

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 current City of Vernon [Building Bylaw](#) 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 thereunder.

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 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.

I acknowledge that as a condition of approval of a building permit I will be responsible for any infrastructure improvements directly attributable to my development as outlined in the current City of Vernon [Subdivision and Development Servicing Bylaw](#).

I acknowledge that billing of utilities (water, sewer, garbage & recycling) will commence 2 months following the date of the plumbing approval date, or immediately after installation of the ARB, unless an application to discontinue services has been received by the City of Vernon Finance Department.

**DATE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_ **OWNER'S SIGNATURE** \_\_\_\_\_

REV: MAR 2023

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# SCHEDULE "2" APPOINTMENT OF AGENT

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<b>SUBJECT PROPERTY ADDRESS:</b>			
<b>LEGAL DESCRIPTION:</b>			
<b>REGISTERED PROPERTY OWNER</b>	<b>NAME:</b>		<b>PHONE:</b>
	<b>ADDRESS:</b>		<b>FAX:</b>
	<b>POSTAL CODE:</b>	<b>E-MAIL:</b>	<b>CELL:</b>
<b>OWNER'S AGENT</b>	<b>NAME:</b>		<b>PHONE:</b>
	<b>ADDRESS:</b>		<b>FAX:</b>
	<b>POSTAL CODE:</b>	<b>E-MAIL:</b>	<b>CELL:</b>

I, the registered owner of the property identified above, hereby appoint the person identified above as my agent with authority to endorse on my behalf applications, documents and permits and to represent me in all discussions with the City of Vernon staff in this regard.

*As the registered property owner, please initial beside applicable permit(s):*

APPLICATION TYPE	INITIAL	APPLICATION TYPE	INITIAL
<input type="checkbox"/> Access		<input type="checkbox"/> Rezoning	
<input type="checkbox"/> ALR		<input type="checkbox"/> Sign	
<input type="checkbox"/> Building		<input type="checkbox"/> Site Profile	
<input type="checkbox"/> Demolition		<input type="checkbox"/> Soil Removal/Deposition	
<input type="checkbox"/> Development		<input type="checkbox"/> Strata Conversion	
<input type="checkbox"/> Development Variance		<input type="checkbox"/> Subdivision	
<input type="checkbox"/> OCP Amendment		<input type="checkbox"/> Tree Pruning/Removal	
<input type="checkbox"/> Plumbing		<input type="checkbox"/> OTHER:	

REV: MAR 2023

DATE: \_\_\_\_\_

OWNER'S SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

