



Community Services Building  
 3001 32 Avenue, Vernon BC V1T 2L8  
 (250) 550-3634 Fax: (240) 545-5309  
[buildingcounter@vernon.ca](mailto:buildingcounter@vernon.ca)  
[www.vernon.ca](http://www.vernon.ca)

# DEMOLITION PERMIT APPLICATION

## OFFICE USE ONLY

Application Received Date: \_\_\_\_\_  
 Permit / File No: \_\_\_\_\_  
 Permit Fee: \$150 or Heritage \$250

<b>PROPERTY TO BE DEMOLISHED:</b>	Address:
	Zoning Description:
<b>RE: DCC CREDIT for future development:</b>	Number of single-family units demolished:
	Sq. Ft area and units for multi-family demolished:
	Sq. Ft area of commercial/institutional space demolished:
<b>PROPOSED DATE OF DEMOLITION:</b>	
<b>REASON FOR DEMOLITION:</b>	
<b>TITLE SEARCH (&lt;30 DAYS OLD) INCLUDING COV CHARGES:</b>	<input type="checkbox"/> Completed
<b>OTHER PERMITS REQUIRED:</b>	<input type="checkbox"/> Tree Removal: <input type="checkbox"/> New Building:
<b>DAMAGE TO MUNICIPAL WORKS:</b>	<input type="checkbox"/> Yes    Owner or Agent Signature required on Attached Document
<b>HAZARDOUS MATERIAL:</b>	Required for buildings constructed prior to 1990 <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>CSR SITE PROFILE:</b>	Property has prior use of industrial or commercial activity in accordance to <a href="#">Schedule 2</a> of the Environmental Management Act: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, <a href="#">Site Profile</a> is required</b>
<b>HERITAGE:</b>	Heritage Registry / HERITAGE BUILDING? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, a heritage assessment and heritage permit fee MAY BE required</b>
<b>RIPARIAN:</b>	Property is within 30 metres of a watercourse (lake or stream) <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, <a href="#">Riparian Area Regulation</a> may apply</b>

**Applicant must confirm with the following agencies that their respective services are disconnected and rendered safe:**

Fortis Gas 1-888-224-2710 Confirmation #: \_\_\_\_\_ or Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 BC Hydro 1-877-520-1355 Confirmation #: \_\_\_\_\_ or Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant must have a Demolition Waste Management Plan approved by the Regional District of the North Okanagan (RDNO)**

RDNO Waste Management 250-550-3700 [solidwaste@rdno.ca](mailto:solidwaste@rdno.ca)

**APPROVED BY: SIGNATURE: DATE:**

**\*Upon permit approval/issuance and prior to demolition, the applicant MUST contact the Operations Utilities Coordinator at 250-550-3620, for water shut-off and meter removal**

**OFFICE USE ONLY**

Turn Off Date: \_\_\_\_\_ ARB# \_\_\_\_\_ Final Read \_\_\_\_\_

When the demolition is complete, the applicant must **book FINAL INSPECTION by calling 250-550-3592**. A **FINAL INSPECTION** must be approved before any changes are reflected in the Utility Billing and Security Deposit returned.

**APPLICANT NAME: APPLICANT SIGNATURE:**

**PHONE: EMAIL:**

**\*If the applicant is not the property owner, a signed Appointment of Agent form must be attached**

REV: MAR 2023



CORPORATION OF THE CITY OF VERNON  
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# SCHEDULE “1” OWNERS UNDERTAKING

<b>SUBJECT PROPERTY ADDRESS:</b>		
<b>LOT#</b>	<b>PLAN#</b>	<b>FOLIO:</b>

<b>REGISTERED PROPERTY OWNER</b>	<b>NAME:</b>	
	<b>MAILING ADDRESS:</b>	
	<b>PHONE:</b>	<b>E-MAIL:</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 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.

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 [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** \_\_\_\_\_

Personal information is collected for the purposes of processing your service 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.



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## SCHEDULE “2” APPOINTMENT OF AN AGENT

<b>SUBJECT PROPERTY ADDRESS:</b>		
<b>LOT#</b>	<b>PLAN#</b>	<b>FOLIO:</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"/> Strata Conversion	
<input type="checkbox"/> Plumbing		<input type="checkbox"/> OTHER:	

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

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# DAMAGE TO PUBLIC WORKS NOTICE TO CONTRACTORS/OWNERS

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<b>BUILDING PERMIT NO:</b>
<b>ADDRESS:</b>
<b>LEGAL DESCRIPTION:</b>
<p>The current <u><a href="#">Building Bylaw</a></u> 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.</p> <p>This information can be in the form of:</p> <ul style="list-style-type: none"> <li>Drawings</li> <li>Digital images</li> <li>Photographs</li> </ul> <p>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.</p>
<b>DECLARED DAMAGE:</b>

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



# HAZARDOUS MATERIALS SUMMARY FORM

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**BUILDING PERMIT #:** \_\_\_\_\_

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

This form is to be completed and submitted in association with an application for a Building Permit where the proposed works include **alterations or renovations within an existing structure.**

The information provided here is intended to assist the Building Official in determining if a Hazardous Material Survey report, in compliance with [WorkSafeBC Guidelines Part 20](#), has been completed. If a Hazardous Materials Survey report has not been completed, the Building Official will request further information regarding the scope of the project, and the presence of any potentially hazardous- containing materials, prior to the entry of the structure. If deemed necessary, a Building Official may ask that a report be produced. If a report prepared by a qualified person (as per WorkSafeBC Guidelines Part 20) cannot be produced, the Building Official may stop the inspection to ensure his/her safety.

**PROJECT ADDRESS:** \_\_\_\_\_

**APPLICANT:** \_\_\_\_\_

Was the existing building constructed prior to 1990?

Yes  No

**If building has been constructed prior to 1990, a Hazardous Material Survey Report is required.**

Has a Hazardous Material Survey report as per WorkSafeBC Guidelines Part 20 been completed for this structure?

Yes  No

Please note, if a Hazardous Materials Survey report has been completed, documentation, including the report and evidence that the material was removed and disposed of properly, must be available and produced upon request for inspection purposes. Once the hazardous materials are removed, an "All Clear" letter must be posted, signifying the building is safe to enter.

**Applicant Signature** \_\_\_\_\_

**Date:** \_\_\_\_\_

**OFFICE USE ONLY:**

Date of Original Building Permit: \_\_\_\_\_ Building Permit Number: \_\_\_\_\_

Copy to Applicant

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