



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

PLUMBING AND ON-SITE SERVICING APPLICATION

OFFICE USE ONLY

Application Received Date: _____

Permit / File No: _____

"My City" Access Code: _____

PROJECT ADDRESS:

LEGAL DESCRIPTION:

DESCRIPTION OF PROJECT:

DESCRIPTION OF BUSINESS (APPLIES TO NON- RESIDENTIAL APPLCIATIONS (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

PROPERTY OWNER:	Name:		Email:	
	Address:		City:	Province:
	Postal Code:	Phone:	Cell:	
OWNER'S AGENT:	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.

BUILDER/PLUMBER:	Name:			
	Address:		City:	Province:
	Postal Code:	Phone:	Cell:	
BUSINESS LICENCE (valid City of Vernon)#				

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 \$150

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:** _____
 (Please Print Clearly)

Personal information is collected for the purposes of processing your plumbing 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 or 250-545-3491.



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CHECKLIST

PLUMBING & SITE SERVICING (NON-COMPLEX BUILDINGS) NEW/ALTERATIONS/RELOCATIONS

OFFICE USE ONLY

Application Received Date: _____

Permit / File No: _____

DOCUMENTATION REQUIRED BEFORE ACCEPTANCE OF PLUMBING PERMIT APPLICATION	Submitted (√)	N/A (√)
Plumbing Permit Application forms signed (separate reference document)	<input type="checkbox"/>	
Plumbing Fixture Checklist (separate reference document)	<input type="checkbox"/>	
Damage to Public Works (separate reference document)	<input type="checkbox"/>	
Size of Existing Water Service Pipe _____ (inch) _____ (mm)	<input type="checkbox"/>	
Proposed work to be done by: <input type="checkbox"/> Home Owner <input type="checkbox"/> Plumbing Contractor Trade Qualification # _____ Business Licence # _____	<input type="checkbox"/>	
The following items may be required for further review (when applicable). Please contact the Building Department at 250- 550- 3634 if you require further clarification.		
Design Drawings (plumbing layout) - Civil Site Servicing must be SEALED BY REGISTERED ENGINEER	<input type="checkbox"/>	<input type="checkbox"/>
Letters of Assurance – Schedule B (Civil, Mechanical, Fire Suppression Engineer). <input type="checkbox"/> Certificate of Insurance also required.	<input type="checkbox"/>	<input type="checkbox"/>
Title Search (must be current within 30 days) Title Transfer if new ownership. <input type="checkbox"/> 1 copy of applicable Title Charges may be required.	<input type="checkbox"/>	<input type="checkbox"/>
OFFICE USE – PERMIT SUBMISSION Screened by: _____ Date: _____ <input type="checkbox"/> ACCEPTED – for Application <input type="checkbox"/> RESUBMIT – Insufficient information for application as noted		



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SCHEDULE "1" OWNER'S UNDERTAKING

PLEASE PRINT CLEARLY

PROPERTY ADDRESS:
LEGAL DESCRIPTION:

REGISTERED PROPERTY 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 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** _____

REV: MAR 2023



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SCHEDULE "2" APPOINTMENT OF AN AGENT

SUBJECT PROPERTY ADDRESS:		
LOT#	PLAN#	FOLIO:

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

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** _____

Rev: MAR 2023

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DAMAGE TO PUBLIC WORKS NOTICE TO CONTRACTORS/OWNERS

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BUILDING PERMIT NO:
ADDRESS:
LEGAL DESCRIPTION:
<p>The current Building Bylaw 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"> • Drawings • Digital images • Photographs <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>
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

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