



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

CHECKLIST

SECONDARY SUITE WITHIN EXISTING SINGLE-FAMILY DWELLING OR ACCESSORY BUILDING

OFFICE USE ONLY

Application Received Date: _____

Building Permit / File No: _____

DOCUMENTATION/DRAWINGS REQUIRED BEFORE ACCEPTANCE OF BUILDING PERMIT APPLICATION	Submitted (√)	N/A (√)
Building Permit Application forms signed. (attached)	<input type="checkbox"/>	
Title Search (must be current within 30 days) and Title Transfer if new ownership. <input type="checkbox"/> 1 copy of applicable Title charges may be required.	<input type="checkbox"/>	
Two (2) copies of a Dimensioned Site Plan (to scale) Include all existing buildings with dimensions, landscape features such as retaining walls and pools, covenants, rights-of-way, easements. Include roof and site drainage.	<input type="checkbox"/>	
2 sets of design drawings and Drawing Checklist <input type="checkbox"/> I have followed the Drawing Checklist for guidance (separate reference document) <input type="checkbox"/> 2 sets of structural drawings signed, sealed and dated by P. Eng., if CWC or BCBC Part 4 components incorporated into design <i>Note: Architectural drawings may be incorporated into the Structural drawings)</i>	<input type="checkbox"/>	
New driveway access, enlargement or relocation. Further reviews may be required to ensure proposal meets City of Vernon Bylaws.		
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.		
Letters of Assurance (Geotechnical, Structural, etc.) – <u>Review with Building Department prior to application</u> - Copy of Certificate of Insurance required.	<input type="checkbox"/>	<input type="checkbox"/>
Approved Development Permit or Development Variance Permit if required under the OCP. (Hillside, Environmental, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Ventilation Checklist (separate reference document) <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 To be checked by Heating Contractor.	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Suite Assessment Inspection Report	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing Fixture Calculation (separate reference document)	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Sewage disposal permit (obtained through Interior Health) <input type="checkbox"/> Proof of potable water (obtained through Interior Health) <input type="checkbox"/> Storm Water Management Plan in accordance with the current Subdivision Development Services Bylaw - Schedule F. (Check if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
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OFFICE USE – PERMIT SUBMISSION

Screened by: _____ Date: _____

ACCEPTED – for Application
 RESUBMIT – Insufficient information for application as noted

REV: MAR 2023