



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

SERVICE APPLICATION

OFFICE USE ONLY

Application Received Date: _____

Permit No: **MP** _____

Folio: _____

"My City" Access Code: _____

PROJECT ADDRESS:		
DESCRIPTION OF WORK:		
PROPERTY OWNER:	Name : _____	
	Address: _____	
CONTACT INFORMATION:	Phone: _____	Email: _____
ASSIGNMENT OF AGENT: (Appointment of Agent form or Schedule 2 attached)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
ON SITE CONTRACTOR:	Name: _____	
	Business Licence #: _____	
CONTACT INFORMATION:	Phone: _____	Email: _____
A PLUMBING PERMIT IS REQUIRED PRIOR TO CONNECTION TO SERVICES	PLUMBING PERMIT # _____ OR N/A <input type="checkbox"/>	
SKETCH SHOWING DIMENSIONS TO PROPERTY CORNER OR IRON PIN (attached) Yes <input type="checkbox"/>		
IS THERE AN EXISTING SERVICE TO BE DECOMMISSIONED?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
BILLING OF UTILITIES	Water, sewer, garbage and recycling charges will commence two months following the date of plumbing permit approval or immediately after installation of the water meter, unless an application to discontinue services has been received by the City of Vernon finance department.	
APPLICANT SIGNATURE:	_____ PRINT NAME SIGNATURE	

LATECOMER (ONLY)		FEE:
SANITARY	Installation or Connection SIZE:	FEE:
	Decommission Existing (Cost Plus 20%)	FEE:
STORM	Installation or Connection SIZE:	FEE:
	Decommission Existing (Cost Plus 20%)	FEE:
WATER	Installation or Connection SIZE:	FEE:
	Decommission Existing (2017 - \$2050.00)	FEE:
GREATER VERNON WATER (GVW)	Application	FEE:
ENGINEERING TECHNICIAN	<div style="display: flex; justify-content: space-between;"> <div>PRINT NAME: _____</div> <div>SIGNATURE: _____</div> </div>	
OFFICE USE ONLY: COV OPERATIONS DEPARTMENT		
DATE OF SITE VISIT:		
DATE OF INSTALL:		
GL #:		
SERVICE CARD:		
UPDATE PROSPERO:		

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 or 250-545-3491.

REV: MAR 2023



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SCHEDULE “1” OWNER’S UNDERTAKING

PLEASE PRINT CLEARLY

SUBJECT PROPERTY ADDRESS:
LEGAL DESCRIPTION:

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

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, 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 Sections 6 and 7 of 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** _____

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SCHEDULE "2" APPOINTMENT OF AGENT

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SUBJECT PROPERTY ADDRESS:			
LEGAL DESCRIPTION:			
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):*

INITIAL	APPLICATION TYPE
	Access
	ALR
	Building
	Demolition
	Development
	Development Variance
	OCP Amendment
	Rezoning
	Site Profile
	Sign
	Soil Removal/Deposition
	Subdivision
	Strata Conversion
	Tree Pruning/Removal
	OTHER:

Date: _____

Owner's Signature: _____ Print Name: _____

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