



BUILDING PERMIT APPLICATION

CORPORATION OF THE CITY OF VERNON
 3001 – 32 Ave, Vernon, B.C., V1T 2L8
 Phone: 250-550-3634 Fax: 250-545-5309
 buildingcounter@vernon.ca
 www.vernon.ca

PERMIT NO: _____

PLEASE PRINT (TO BE FILLED OUT COMPLETELY BY APPLICANT)			
DATE OF APPLICATION:		'My City' Access Code:	
PROJECT ADDRESS:			
LEGAL DESCRIPTION:			
Scope of Work:			
Construction Cost: \$		Floor Area: sq.ft.	
OWNER:	NAME:		PHONE:
	ADDRESS:		CELL:
	POSTAL CODE:	EMAIL:	
OWNER'S AGENT:	NAME:		PHONE:
	ADDRESS:		CELL:
	POSTAL CODE:	EMAIL:	
CONTRACTOR:	NAME:		PHONE:
	ADDRESS:		CELL:
	POSTAL CODE:	EMAIL:	
	BUSINESS LICENSE #:		CELL:

ENSURE ALL THE FOLLOWING ARE INCLUDED (AS APPLICABLE)

APPLICATION CHECKLIST (see Guide attached)					
Schedule "2" (Owners Undertaking)	YES			Existing Damage to Municipal Works Form Completed	YES N/A
Schedule "3" (Appointment of Agent)	YES	N/A		Development Servicing Bylaw #3843 Requirements (see guide)	YES NO N/A
Title Search (<30 Days old) including COV Charges	YES			Sewage Disposal permit	YES NO N/A
2 Sets of Construction Plans Including Truss/Joist specs	YES	N/A		City and/or Highway Access Permit	YES NO N/A
SITE PLAN	YES	N/A		Ministry of Health Approval	YES NO N/A
HPO registered	YES	NO	N/A	Site Servicing	YES NO N/A
Schedule B (ORIGINALS)	YES	NO	N/A	'Late Comer Bylaw"	YES NO N/A
Designated Heritage Building	YES		N/A	Ministry of Environment Approval	YES NO N/A
Fire and Interface Requirements	YES		N/A	Retaining or Stacked Rock Walls exceeding 1.2m. Height.	YES NO N/A
COMPLEX Application Fee (All buildings over 600 sq.m)	<input type="checkbox"/>	\$250			
NON-COMPLEX Application Fee (All buildings less than 600 sq.m)	<input type="checkbox"/>	\$50		Based on value of construction <u>under \$100,000</u>	
	<input type="checkbox"/>	\$100		Based on value of construction <u>over \$100,000</u>	

Applicant Name: _____

Applicant Signature: _____

(Please Print Clearly)

Rev: May 2017

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of responding to your request.



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SCHEDULE “2” OWNERS UNDERTAKING

SUBJECT PROPERTY ADDRESS:		
LOT#	PLAN#	FOLIO:

REGISTERED PROPERTY OWNER	NAME:	
	MAILING ADDRESS:	
	PHONE:	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 No. 4900, 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 Subdivision and Development Servicing Bylaw #3843.

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: FEB2015



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SCHEDULE “3” 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
Building		ALR	
Plumbing		Rezoning	
Demolition		OCP Amendment	
Development		Sign	
Development Variance		Access	
Subdivision		Tree Pruning / Removal	
Strata Conversion		Soil Removal/Deposition	
Site Profile		OTHER	

DATE: _____ **PRINT NAME:** _____ **OWNER'S SIGNATURE** _____

Rev: JAN2015



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DAMAGE TO PUBLIC WORKS NOTICE TO CONTRACTORS/OWNERS

BUILDING PERMIT NUMBER:		
ADDRESS:	Lot:	Plan:
<p>Section 14.2 of Building Bylaw No. 4900 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. This information can be in the form of drawings, digital images, or photographs.</p> <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

OFFICE USE ONLY:	
_____ sections of sidewalk damage X _____ meters X unit cost / meter \$ _____	= \$ _____
_____ sections of curb damage X _____ meters X unit cost / meter \$ _____	= \$ _____
Other damage _____	= \$ _____
TOTAL:	\$ _____



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BUILDING PERMIT APPLICATION

LIST OF TRADES AND SUB TRADES

Site Address: _____ Project Type: _____ Permit #: _____

	NAME	PHONE #	BUSINESS LICENCE #
SURVEY			
EXCAVATION / FILL			
CONCRETE			
FRAMING			
INSULATION			
PLUMBING			
HEATING			
ELECTRICAL			
DRYWALL			
ROOFING			
SIDING / STUCCO			
MASONRY			
GLASS			
PAINTING			
LANDSCAPING			
PAVING			
OTHER			

I hereby make application for a Building Permit for the above captioned construction, and declare that the above statement is true and correct. ***I acknowledge that all contractors and subcontractors working on this project are required to hold a valid City of Vernon or inter-community (mobile) business licence, and that use of unlicensed contractors or sub trades may result in cancellation of inspections.***

Signature: _____ Phone # _____ Date _____
 Owner or agent



Interior Health

HEALTH PROTECTION
Less Risk – Better Health

Building Permit and Business Licence Referral Information

Interior Health's Public Health Department oversees the promotion of health, and the prevention of disease and injury. The Health Protection Division provides services and initiatives which include supporting the regulatory and health promotion activities of Environmental Health Officers, Licensing Officers, Tobacco Enforcement Officers, Drinking Water Officers and Public Health Engineers. The Health Protection Division is responsible for enforcing legislation concerning the operation of:

- **Food Premises (includes food service, food stores, food processing, prepackaged water/ice)**
- **Pools, Hot tubs and Spray Parks (excluding those for only a single family dwelling)**
- **Adult and Child Care Facilities**
- **Personal Service Establishments (body piercing, electrolysis, tanning & hair salons and tattoo parlours)**
- **Drinking Water Supply Systems (i.e. onsite water systems other than a single family dwelling)**
- **Tobacco Sales Facilities**
- **Onsite Sewerage Disposal Systems and Land Development**

Please check the appropriate box(es) to indicate which of the above facilities are included with your proposed submission. This will flag Health Protection's responsibility for approvals related to your application for a Building Permit or Business Licence.

For more information, please refer to the following website:

<http://www.interiorhealth.ca/Health+and+Safety/> (then follow the links)

To contact a Environmental Health Officer or Licensing Officer at the Vernon Health Centre, please refer to the footer below.

OFFICE USE

- With reference to all legislation, policies and guidelines concerning this proposal, **we have no objection** to this proposal
- With reference to all legislation, policies and guidelines concerning this proposal, **we do not recommend approval** for the issuance of a building permit and/or business licence

DATE: _____

Signature of Environmental Health Officer or Licensing Officer

INTERIOR HEALTH AUTHORITY - Health Protection
VERNON HEALTH CENTRE Web: www.interiorhealth.ca

1440 – 14th Avenue, Vernon, BC V1B 2T1
Phone: 250-549-5714 Fax: 250-549-6367