



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

BUILDING PERMIT APPLICATION

SWIMMING POOL

Building Permit # _____

DOCUMENTATION/DRAWINGS REQUIRED BEFORE ACCEPTANCE OF BUILDING PERMIT APPLICATION	Submitted (✓)	N/A (✓)
Building Permit Application forms signed. (attached)	<input type="checkbox"/>	
Planning Bylaws checklist (filled out by designer) Please note: Checklist is currently being created.		
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) including: <ul style="list-style-type: none"> location of the swimming pool and all associated equipment (outdoor pools) surrounding above-ground deck (if applicable) covenants, right-of-ways, associated retaining walls, drainage plan, etc. 	<input type="checkbox"/>	
Two (2) complete sets of plans. (to scale). To include Floor Plans, Elevations & minimum one cross section: <u>Type of Pool:</u> <input type="checkbox"/> in-ground <input type="checkbox"/> indoor <ul style="list-style-type: none"> pool size, shape & height above grade (if applicable) location of retaining walls (if applicable) <i>(Note: retaining walls exceeding 1.2 m in height are to be designed by a professional engineer and may require a development variance permit)</i> fence and gates (location and height for outdoor pools) location of equipment structure 	<input type="checkbox"/>	
Manufacturer’s installation brochure (for pre-manufactured pools)	<input type="checkbox"/>	<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.		
Letters of Assurance – Schedule B (Geotechnical or Structural Engineer). <input type="checkbox"/> Certificate of Insurance also required.	<input type="checkbox"/>	<input type="checkbox"/>
Approved Development Permit if required under the OCP (Hillside, Env, etc).	<input type="checkbox"/>	<input type="checkbox"/>
Consent to Construction Form <i>(Note: if applicable i.e Lessee/Strata Owners; signed by all owners)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Submission (Office Use)

Screened by:	Date:	<input type="checkbox"/> Insufficient information for application as noted – Re-submit <input type="checkbox"/> Accepted for Application
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PERMIT NO: _____

DATE: _____

Project Address/Legal Description: _____
Construction Cost \$: _____

“My City” Access Code: _____
Floor Area: sq.ft: _____

Permit Information			
Permit Type		Description: (Choose all that apply to this project)	
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Industrial	<input type="checkbox"/> New Construction	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Institution	<input type="checkbox"/> Addition	<input type="checkbox"/> Secondary Suite
<input type="checkbox"/> Multi-Residential	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Alteration/Reno	<input type="checkbox"/> Retaining Wall
<input type="checkbox"/> Accessory Building		<input type="checkbox"/> Leasehold Improvements	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Commercial		<input type="checkbox"/> Demolition	<input type="checkbox"/> Complex Building
<input type="checkbox"/> Manufactured/Mobile Home		<input type="checkbox"/> Garage/Carport	<input type="checkbox"/> Foundation

Description of Project: _____

Description of Business: _____

APPLIES TO NON- RESIDENTIAL APPLCIATIONS (i.e RESTAURANT, ACCOUNTING OFFICES, ETC)

Contact Information

Property Name: _____ **E-mail:** _____

Owner: Address : _____ City: _____ Province: _____
Postal Code: _____ Phone: _____ Cell: _____

Owner's Name: _____ **E-mail:** _____

Agent: Address : _____ City: _____ Province: _____
Postal Code: _____ Phone: _____ Cell: _____

Builder: Name: _____ **E-mail:** _____

Address : _____ City: _____ Province: _____
Postal Code: _____ Phone: _____ Cell: _____

Business Licence#: _____

Builder must hold a valid City of Vernon Business Licence.

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

COMPLEX Application Fee **\$250** **NON- COMPLEX** Application Fee **\$50** Based on value of construction under \$100,000
(All buildings over 600 sq.m) *(All buildings less than 600 sq.m)* **\$100** Based on value of construction under \$100,000
or

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: _____
(Please Print Clearly)

Applicant Signature: _____

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 "1"

OWNERS UNDERTAKING

(BYLAW #4900)

PLEASE PRINT CLEARLY

PROPERTY ADDRESS:
LEGAL DESCRIPTION:

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 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 “2” APPOINTMENT OF AN AGENT (BYLAW #4900)

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: JAN2019

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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.</p> <p>This information can be in the form of:</p> <ul style="list-style-type: none">• drawings,• digital images, or• 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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BUILDING PERMIT APPLICATION

LIST OF TRADES AND SUB TRADES

MUST BE COMPLETED BY THE APPLICANT PRIOR TO ISSUANCE OF PERMIT

Project Address/Legal Description: _____

Project Type: _____ **Building 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



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CONSENT TO CONSTRUCTION
Acknowledgement of Lessee/Strata Owner's
Authority to Build

Building Permit # _____

This will confirm that:

Lessee (Tenant) or Strata Owner's Name: _____

Property Address: _____

Legal Description: _____

will be making an application for Building Permit to construct certain improvements at the property described above. The undersigned acknowledges that the lessee (tenant) / strata owner has authority to build on the property.

I/We hereby certify that I/We am/are the () registered owner(s), () Strata Council, or () Property Manager of the said land(s) and do hereby consent to the above.

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Company Name, where applicable

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Email: _____

Date: _____