



Building Permit Application No. (Issued by Office):

APPLICANT INFORMATION

Applicant Status: Owner Contractor Other:

Name:

Company Name (If applicable):

Business Licence # and issuing Municipality:

Mailing Address:

City:

Province:

Postal Code:

Phone:

Email Address:

PROPERTY INFORMATION – PROPOSED SIGN LOCATION

Building Site Address:

Building Site Legal - Lot:

District Lot:

Plan:

PROPOSED SIGN INFORMATION – CHECK ALL THE APPLY

FASCIA	No. of Signs	Height:	Area:	Clearance:
		Height:	Area:	Clearance:
PROJECTING	No. of Signs	Height:	Area:	Clearance:
		Height:	Area:	Clearance:
FREESTANDING	No. of Signs	Height:	Area:	Clearance:
		Height:	Area:	Clearance:
PORTABLE	No. of Signs	Height:	Area:	Clearance:
		Height:	Area:	Clearance:

***Clearance means the vertical distance between the lowest point of a sign and the grade directly below the sign.**

Construction Value: \$

EXISTING SIGNS LOCATED ON THE PROPERTY

Type and Number of Existing Signs – Check all that apply

FASCIA	No.	PROJECTING	No.	FREESTANDING	No.	PORTABLE	No.
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***More detailed information may be required when existing signage on the property is at, or in excess, of allowable signage. This may include the height, area, and clearance of all existing signs.**

SIGNATURE

- I acknowledge that if I am granted a building permit pursuant to this application that I am responsible for compliance with the BC Building Code, all City of West Kelowna Bylaw's and any other applicable enactment, code, regulation or standard relating to the work in respect of which the permit is issued, whether or not the said work is undertaken by me or by those whom I may retain or employ to provide design and/or construction services;

- Where the City requires that Letters of Assurance be provided by a Registered Professional pursuant to Section 290 of the *Local Government Act*, I confirm that I have been advised in writing by the City that it relied exclusively on the Letter of Assurance of "Professional Design and Commitment for Field Review" prepared by _____ in reviewing the plans, drawings, specifications and supporting documents submitted with this application for a building permit.

- I understand that I should seek independent legal advice in respect of the responsibilities I am assuming upon the granting of a permit by the City pursuant to this application and in respect of the execution of this acknowledgement.

Note: The personal information on this form is collected under the authority of the Local Government Act/Community Charter for the purposes of processing this application and is subject to the Freedom of Information and Protection of Privacy Act. Any questions regarding this collection are to be directed to Legislative Services at 778-797-2250.

Applicant Signature:

Dated:

OWNER'S AUTHORIZATION – complete if applicant is not the registered owner on title

Registered Owner Name(s):

Mailing Address:

City:

Province:

Postal Code:

Phone:

Email Address:

Please be advised that I/we, the registered owner(s) of the above-mentioned property, authorize the applicant to:

- apply for and obtain a building permit in respect to the above-mentioned project.
- provide to the City of West Kelowna as my agent, all information and documents required for such an application.
- access property information related to the above-mentioned project on my/our behalf.

I/we agree to immediately notify the City of West Kelowna, in writing, of any changes regarding this information.

Owner's Name(s) (print)

Owner's Signature(s)

Dated: