



Building Permit Application No. (Issued by Office): _____

BUILDING SITE ADDRESS: _____

BUILDING SITE LEGAL: Lot _____ Plan _____ Dist. Lot _____

CONSTRUCTION VALUE:\$ _____ **SQUARE METRES/FEET:** _____

Detailed Scope of Work & Use of Space:

WORK CLASS: RESIDENTIAL COMMERCIAL INSTITUTIONAL INDUSTRIAL

TYPE: NEW ADDITION ALTERATION MOVE DEMO TENANT IMPROVEMENT

Property Owner Information ** MANDATORY FIELDS	Contractor/Builder Information ALL FIELDS MANDATORY
**Main Contact:	Business Name:
**Address:	Business License #:
**Phone:	Contact Name:
**Email:	Business Address:
Secondary Contact:	Phone:
Phone:	Email:
Email:	

- 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;
- I acknowledge that neither the issuance of a permit under this bylaw, nor the acceptance or review of plans, specifications, drawings or supporting documents, nor inspections made by or on behalf of the City constitute a representation, warranty, assurance, or statement that the BC Building Code, the bylaws of the City or any other applicable enactment, code, regulation, or standard has been complied with.
- 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 confirm that I have relied only on the said Registered Professional for the adequacy of plans, drawings specifications and supporting documents submitted with this application; and,
- 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.
- 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.

Signature of Owner or Authorized Agent

Date

Plumbing Details

Building Permit Application No. (Issued by Office): _____

Plumbing work to be completed by:

HOMEOWNER CONTRACTOR (IF YES, PLEASE COMPLETE THE CONTRACTOR INFORMATION BELOW)

Plumbing Contractor Information
Business Name
Contact Name
Address of Business
Phone
Email
TQ#

PLUMBING FIXTURES									
Story	Basement		Main		2 nd Floor		3 rd Floor		Total
	Current	New	Current	New	Current	New	Current	New	
Toilet									
Basin									
BathTub									
Kitchen Sink									
Laundry Tub									
Shower									
A/W Laundry									
D/W									
HWT									
Bar Sink									
Floor Drain									
Hose Bib									
RWL									
BFP									
Total # of Fixtures Units: (Per BCPC 2018 Table 2.6.3.2)					Total # of Fixtures:				

OFFICE USE ONLY		
ZONING	DP AREA	LOT SIZE
OCCUPANCY	STRATA	SUITE FILE NO
RERERRAL FIRE	REFERRAL PLANNING	REFERRAL ENGINEERING
OPEN BP	OPEN BP	OTHER