



City of Burnaby
 Building Division, Planning and Development Department
 2ND Floor, 4949 Canada Way, Burnaby, BC V5G 1M2
 Phone: 604-294-7130 Fax: 604-294-7986

BUILDING PERMIT APPLICATION SINGLE AND TWO FAMILY DWELLINGS

Application Date: _____

Plan Checker (PC): _____



Section 1: Property Information

SITE ADDRESS:		POSTAL CODE:	
LEGAL DESCRIPTION: Lot:	Block:	DL:	Plan:
Description of Proposed Work:			
PROJECT VALUE \$			
Occupancy Type:	<input type="checkbox"/> New Single Family	<input type="checkbox"/> New Single Family with Secondary Suite	<input type="checkbox"/> New Two Family Dwelling
	<input type="checkbox"/> Existing Single Family	<input type="checkbox"/> Existing Single Family with Secondary Suite	<input type="checkbox"/> Existing Two Family Dwelling
Sprinkler Permit Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		Demolition Permit Required: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Tree Permit Required: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Proposed Type of Work:	<input type="checkbox"/> Secondary Suite	<input type="checkbox"/> Ground Level Suite	<input type="checkbox"/> Laneway House
	<input type="checkbox"/> Detached Garage	<input type="checkbox"/> Attached Garage	<input type="checkbox"/> Attached Carport
	<input type="checkbox"/> Detached Carport	<input type="checkbox"/> Attached Carport	<input type="checkbox"/> Parking Pad
	<input type="checkbox"/> Interior Alteration	<input type="checkbox"/> Exterior Alteration	<input type="checkbox"/> Addition
	<input type="checkbox"/> Swimming Pool	<input type="checkbox"/> Emergency Repair (Fire or other)	<input type="checkbox"/> Other:

Section 2: Building Owner(s) *Note: if complete demolition is required, this address must differ from the site address.*

PROPERTY OWNER:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL :		

Section 3: Designer

DESIGNER:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL :		

Section 4: Contractor *Business License Name*

CONTRACTOR:	Business License (IMBL or Burnaby):
ADDRESS:	CITY: POSTAL CODE:
PHONE NUMBER:	CELL PHONE:
E-MAIL :	

Section 5: Demolition Contractor *Business License Name*

DEMOLITION CONTRACTOR:	Business License (IMBL or Burnaby):
ADDRESS:	CITY: POSTAL CODE:
PHONE NUMBER:	CELL PHONE:
E-MAIL :	

Section 6: Agent Contact *Agent Authorization Form Required*

AGENT CONTACT:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	CELL PHONE:	
E-MAIL :		
Who will be paying for the application fees: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Preferred Contact <input type="checkbox"/> Other:		
Who will be paying for the Engineering Fees including Damage Deposits: <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent Contact <input type="checkbox"/> Other:		

Note: Separate permits are required for electrical, plumbing, gas installation, alterations of sprinklers and illuminated signs.

I acknowledge that the permit application fee is non-refundable.

Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.

Applicant Name: _____
 Owner Agent Contact _____ Signature _____ Date _____



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STAFF USE ONLY

SITE ADDRESS: _____

Property Information

Zone:	Subdivision:	Rezoning:
Study Area:	Flood Plain Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
Secondary Suite:	<input type="checkbox"/> Yes <input type="checkbox"/> No	PTO PID:

CIRCULATION

	Req'd	Date Forwarded	Date Returned		Req'd	Date Forwarded	Date Returned
Ecosystem (CP)	<input type="checkbox"/>	_____	_____	Engineering	<input type="checkbox"/>	_____	_____
Heritage (CP)	<input type="checkbox"/>	_____	_____	Waste Diversion	<input type="checkbox"/>	_____	_____
Climate Action & Energy	<input type="checkbox"/>	_____	_____	Trees	<input type="checkbox"/>	_____	_____
Geo-Hazards (Oil Tanks)	<input type="checkbox"/>	_____	_____	Fire Sprinkler	<input type="checkbox"/>	_____	_____
Development Plan Area (Community and Siting Approval)	<input type="checkbox"/>	_____	_____	Legal - Covenant	<input type="checkbox"/>	_____	_____
Other:	<input type="checkbox"/>	_____	_____	Plumbing	<input type="checkbox"/>	_____	_____
				Board of Variance	<input type="checkbox"/>	_____	_____
				Fraser Health Authority	<input type="checkbox"/>	_____	_____

COMMENTS:

Building Permit: (New) BLD	Building Permit: (Laneway Home) BLD	Building Permit: (Other) BLD
Waste Diversion: WDP	Demolition Permit: DEMO	Tree Permit: TRE
Bylaw Case: BYL	Bylaw Officer:	Site Servicing Review: SSR