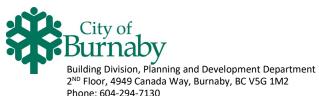


## **BUILDING PERMIT APPLICATION**

Additions, Alterations & Renovations to Existing Residential Buildings

Phone: 604-294-7130			Application Date:					
			Plan Checker					
Section 1: Property Information Building Permit #:								
SITE ADDRESS:								
LEGAL DESCRIPTION:	Lot:	Block:	DL:		Plan:			
Section 2: Purpose of A	Application							
Description of Propo	sed Work:							
PROJECT VALUE (Includes cost of plans, materials, and labour): \$ Lot Size (m²):					m²):			
Existing Building Typ	oe (Check <u>ALL</u> that a	apply):						
☐ Single-Family Dwell	ing □ Tw	vo-Family (Duplex) Dv	velling □	l Secondary	Suite(s)			
☐ Two (2) Residential Buildings ☐ Three (3) or More Residential Buildings ☐ Accessory Building(s)								
□ Apartment □ Row l	Housing (requires s	ubdivision approval)	☐ Multiplex (3 or m	ore primary	dwellings in one l	building)		
Scope of Proposed V	Vork (Check <u>ALL</u> th	at apply):						
☐ Interior Alteration	☐ Exterior Alterat	tion □ Addition	☐ Top Flo	oor Addition	□ Parking Pad			
☐ Attached Garage	☐ Solar Panels	☐ Attached Ca	arport □ Deck		□ Retaining W	all(s)		
☐ Secondary Suite(s)	☐ Swimming Poo	ol □ Emergency	Repair (Fire or Other	er)				
☐ Other:								
Is a demolition permit required?						□No		
Is a tree permit required?						□ No		
Are you aware of the presence of any contaminated soils on the subject property?						□ No		
Is there any easements, restrictive covenants, or right-of-way(s)?						□ No		
Is this property flagged as a Heritage or Archaeology Site? <u>Heritage and Archaeology Checklist 2023</u>						□ No		
Is this property located in a floodplain area? (A geotechnical report may be required)						□ No		
Is the building/property being converted to strata-title ownership?						□ No		
Will the electrical service for this property be greater than >200 Amps?						□ No		
Will there be more tha	□Yes	□ No						
Is the building(s) being sprinklered?						□ No		
Will the building(s) have					□ Yes	□ No		
Provide related permits	and application info	ormation (if applicable	):					
Engineering Pre-Ap	oplication (required):	SSR	_ Demoliti	on Permit:	DEMO			
Sub-Division (require	ed for Row Housing):	SUB	_ Tr	ee Permit:	TRE			
	Rezoning:	REZ	_ Waste Diversion A	pplication:	WDP			
	Sprinkler Permit:	FPP	_ Bylaw/C	ode Case: _	BYL			

Revised: 2025 January 15



## **BUILDING PERMIT APPLICATION**

Additions, Alterations & Renovations to Existing Residential Buildings

2 <sup>ND</sup> Floor, 4949 Canada Way, Burnaby, BC V5G 1M2 Phone: 604-294-7130	Application Date:	
	Plan Checker (PC):	
The following sections must be completed by the person signing the	Building Permit #:	
Section 3: Building Owner(s) Note: if complete demolition is requi		the site address.
PROPERTY OWNER(s):		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
Section 4: Designer or Architect (If required)		
NAME:		
COMPANY:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
Section 5: Contractor Business License Name		
CONTRACTOR:	Business License (IMBL or B	Burnaby):
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
Section 6: Demolition Contractor Business License Name (If requ	uired)	
DEMOLITION CONTRACTOR:	Business License (IMBL or B	Burnaby):
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
Section 7: Agent Contact Agent Authorization Form Required		
AGENT CONTACT:		
ADDRESS:	CITY:	POSTAL CODE:
PHONE NUMBER:	E-MAIL:	
Who will be paying for the application fees:  ☐ Owner ☐ Designer/Architect ☐ Contractor ☐ Agent Contact ☐ Other:		_
Who will be paying for the Engineering Fees including Damage De  ☐ Owner ☐ Designer/Architect ☐ Contractor ☐ Agent Contact  ☐ Other:	posits:	
Note: Separate permits are required for electrical, plumbing, gas, heating	g installation, sprinkler permits and il	luminated signs.
I acknowledge that the permit application fee is non-refundable.		
Personal information collected on this form is in accordance with s. 26(c 1996) for permitting purposes. Please be advised that permits are considuisclosed through information requests. For questions regarding the colle	lered public records that are available ection, use and disclosure of personal	e in various City publications or information please contact the
Applicant Name:		
☐ Owner ☐ Agent Contact	Signature	Date

Revised: 2025 January 15