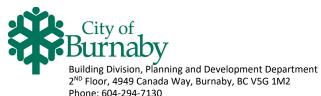


BUILDING PERMIT APPLICATION

Additions and Alterations to Existing Residential Buildings

Phone: 604-294-7130			Application Date:						
			Plan Checker	r (PC):					
			Building Perr	mit:					
Section 1: Property In	ıformation								
SITE ADDRESS:									
LEGAL DESCRIPTION:	Lot:	Block:	DL:		Plan:				
Section 2: Purpose of Application									
Description of Proposed Work:									
PROJECT VALUE (ncludes cost of plans, materia	als, and labour):		Lot Size	(m²):				
Existing Building O	ccupancy Type (Ch	eck <u>ALL</u> that apply)	:						
☐ Single-Family Dwelling ☐ Duplex (Two-Family) Dwelling ☐ Two (2) Residential Buildings									
□ Part 3 Building (SSMUH) □ Three (3) or More Residential Buildings □ Row Housing									
☐ Multiplex (3 or mo	ore primary dwellings	in one building)	□ Other:						
Existing Number of F	Primary Dwelling Unit	Existing Number of Se	econdary S	Suites:					
Proposed Number of	f New Primary Dwelli	ng Units:	Proposed Number of I	Proposed Number of New Secondary Suites:					
Scope of Proposed	Work (Check ALL th	at apply):							
☐ Interior Alteration	☐ Exterior Alteration		☐ Addition ☐ Floor Add		loor Addition	on			
☐ Attached Garage	□ Existing	Detached Garage	☐ Attached Carport	☐ Existing Detached Carport					
□ Parking Pad	☐ Solar Pa	anels	□ Deck/Patio		eck Cover	/Canopy			
☐ Secondary Suite(s) 🗆 Retainin	g Wall(s)	☐ Existing Swimming	Pool					
□ Emergency Repai	r (Fire or Other)	☐ Other:							
Is a demolition permi	it required?					☐ Yes	□ No		
Is a tree permit required?						☐ Yes	□ No		
Is the building/property being converted to strata-title ownership?						☐ Yes	□ No		
Will the electrical service for this property be greater than >200 Amps? ☐ Yes ☐ N							□ No		
Will there be more than three (3) floors above grade? □ Yes □ N							□ No		
Is the building(s) spri	inklered?				☐ Yes	□ No			
Does the building(s)	have a fire alarm sys	stem?				☐ Yes	□ No		
Provide related permi	ts and application infe	ormation (if applical	ble):						
Engineering Pre-Application (required): SSR			Demoliti	ion Permit:	DEMO				
Sub-Division (required for Row Housing): SUB			Tr	ree Permit:	TRE				
	Rezoning:	REZ	Waste Diversion A	pplication:	WDP				
	Sprinkler Permit:	FPP	Bylaw/C	ode Case:	BYL				

Revised: 19th March 2025



BUILDING PERMIT APPLICATION

Additions and Alterations to Existing Residential Buildings

Phone: 604-294-7130	Application Date:			
	Plan Checker (PC):			
	Building Permit:			
The following sections must be completed by the person signing the Section 3: Building Owner(s) Note: if complete demolition is required.	• •	n 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 Burnaby):			
ADDRESS:	CITY:	POSTAL CODE:		
PHONE NUMBER:	E-MAIL:			
Section 6: Demolition Contractor Business License Name (If re	quired)			
DEMOLITION CONTRACTOR:	Business License (IMBL or	usiness License (IMBL or 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 D ☐ Owner ☐ Designer/Architect ☐ Contractor ☐ Agent Contact ☐ Other:	eposits:			
Note: Separate permits are required for electrical, plumbing, gas, heati	ng installation, sprinkler permits 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(1996) for permitting purposes. Please be advised that permits are considisclosed through information requests. For questions regarding the co FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in p	idered public records that are availar llection, use and disclosure of person	ble in various City publications or all information please contact the		
Applicant Name:				
☐ Owner ☐ Agent Contact	Signature	Date		

Revised: 19th March 2025