The information on this form is collected under the authority of the *Community Charter*, s. 53. The information provided will be used to process your application. If you have any questions about the collection and use of this information contact the Chief Administrative Officer at 250-749-6681.

Town of Lake Cowichan

Application For Permit to Build

	Дриса			4					
	Folio No.:	Date	:	Permit No.:					
COL UNIZA	☐ BUILDING P	ecify) _	_	EMOLITION PERMIT ation, service connection, building re-location)					
AI	PPLICANT INFORMATION			OWNER INFORMATION					
NAME OF APPLICANT(S):			NAME OF OWNER(S):						
APPLICANT'S ADDRESS:			OWNER'S ADDRESS:						
CITY:	POSTAL CODE:		CITY:	POSTAL CODE:					
PHONE:	FAX:		PHONE:	FAX:					
	BUILDER / CO	ONTRA	CTOR INFORMATIO	N					
NAME: BUSIN				E#:					
ADDRESS:									
CITY:	POSTAL CODE:		PHONE:	FAX:					
	SU as required by the Town o		DE LISTING Cowichan Business	License Bylaw					
	NAME:	BUSINESS LICENSE #:							

A building/construction contractor shall supply to the License Inspector a written list of the names, addresses and telephone numbers of his or her sub trades in the form prescribed.

PROPERTY INFORMATION								
CIVIC ADDRESS OF PROPERTY:								
LEGAL DESCRIPTION OF PROPE	ERTY:							
Complete this s	ection if application is for er	ection of a new or alteration of a building structure:						
ZONING OF PROPERTY:								
	BUILE	DING DETAILS						
BUILDING TYPE:								
(Commerc	ial / Single-Family Dwelling /	Two-Family Dwelling / Garage / Addition / etc.)						
Area of Building	m ² Height of buildir	ng m Highway access obtained: YES / NO						
<u>Setbacks</u> Principal Building								
Front Yard m	Side Yard	m Side Yard m Rear Yard m						
Accessory Building Front Yard m	Side Yard	m Side Yard m Rear Yard						
Construction Information:	Size of Joists Under:	Building Materials:						
Footings size Depth of Foundation Size of beans under Main floor:	1 st floor 2 nd floor 3 rd floor	Foundation Walls: Foundation Footings: Exterior Surface: Interior Wall Finish: Interior Ceiling Finish: Roof:						
		Roof Type: Flat Mansard Peaked Domed						
	SIC	GNATURE						
pursuant to the Corporation of the comply with all Town of lake Cown The undersigned applicant, developed the statutes and regulations in formation arising out of or incident to, the graph of the undersigned recognizes that we flooding, and that these are wide on which the intended construction the safe and sound use and occupant.	he Town of Lake Cowichan Bui ichan and provincial regulations oper, contractor, or owner agreed orce in the Town of Lake Cowic ranting of this permit. Within the boundaries of the Town is to be placed and take all aparcy of the proposed structure.							
I have read and agree with the af final inspection and the subseque		nd that no building structure is to be sold or occupied prior to an approved tificate.						
Applicant's Signature		Date						
	THIS APPLICATION IS MADE WIT	TH MY FULL KNOWLEDGE AND CONSENT						
Registered Owner of Subject Prop	·	Date R the application must be signed by the REGISTERED OWNER						
Where the appl	cant is not the REGISTERED OWNER	R, the application must be signed by the REGISTERED OWNER						

	CALCULA	TION OF BUILD	ING VALUES AND AP	PLICABLE FEES					
PERMIT NO.	Area	Value (\$)	OFFICE USE ONLY						
	(Sq. m)		Calculated Value	1					
Main Floor with full basement				Building Permit Fees	\$				
Main floor with crawlspace / slab on grade				Plumbing Permit Fees	\$				
Second Floor				Sanitary Connection Inspection Fees	\$	\$ 30.00			
Garage - finished (attached / detached)				Storm Connection Inspection Fees	\$	30.00			
Garage - unfinished (attached / detached)				Water Connection Inspection Fees	\$	680.00			
Carport (attached / detached).				Garbage Service	\$	140.00			
Deck				Damage Deposit \$2,000 Demo Deposit \$5,000 Bldg. Move Dep. \$10,000	\$				
Finished basement				Miscellaneous (Deposits / Credits)	\$				
Total Value of Work		\$	\$	Total Fees Payable	\$				
		AF	PPROVED BY:						
Date	P	anning Officer	/ Chief Administrative	· Officer					
Date THIS PERMIT AU		uilding Inspecto		SIGNATURE BY THE BUILDING INSPEC	CTOR				
			CONANACNITC.						
COMMENTS:									

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BUILDING INSPECTION									
Permit No.	DATE	R	P	INSP	DATE	R	Р	INSP	
Site excavation / footing pre-concrete									
Foundation damp proofing / dual drains									
Service connections									
U. S. Plumbing									
U. S. Insulation & VB									
Plumbing rough-in									
Framing									
Fireplace & w/stove W.E.T.T. Certified									
Insulation / VB									
Final									
REMARKS									
KEMAKKO									
CERTIFICATE OF OCCUPANCY									
No building shall be occupied until a Certificate of Occupancy has been obtained.									
Certificate of Occupancy Issued to:									
Building Inspector Date									