

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**



Folio No.:	Date:	Permit No.:
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BUILDING PERMIT                       DEMOLITION PERMIT

OTHER (specify) \_\_\_\_\_  
 (e.g. chimney installation, service connection, building re-location)

APPLICANT 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 / CONTRACTOR INFORMATION			
NAME:		BUSINESS LICENSE #:	
ADDRESS:			
CITY:	POSTAL CODE:	PHONE:	FAX:

SUB-TRADE LISTING	
as required by the Town of Lake Cowichan Business License Bylaw	
NAME:	BUSINESS LICENSE #:
<b>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.</b>	

**PROPERTY INFORMATION**

CIVIC ADDRESS OF PROPERTY:

LEGAL DESCRIPTION OF PROPERTY:

**Complete this section if application is for erection of a new or alteration of a building structure:**

ZONING OF PROPERTY: \_\_\_\_\_

**BUILDING DETAILS**

BUILDING TYPE:

(Commercial / Single-Family Dwelling / Two-Family Dwelling / Garage / Addition / etc.)

Area of Building \_\_\_\_\_ m<sup>2</sup>    Height of building \_\_\_\_\_ m    Highway access obtained: YES / NO

**Setbacks**

**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 beams under

Main floor:

1<sup>st</sup> floor

2<sup>nd</sup> floor

3<sup>rd</sup> floor

Foundation Walls:

Foundation Footings:

Exterior Surface:

Interior Wall Finish:

Interior Ceiling Finish:

Roof:

Roof Type:

Flat

Mansard

Peaked

Domed

**SIGNATURE**

This permit confirms that the Town of Lake Cowichan has reviewed plans and the application form in respect of the subject building pursuant to the Corporation of the Town of Lake Cowichan Building Bylaw. This permit is not a warranty that the subject building will comply with all Town of lake Cowichan and provincial regulations governing building construction nor that it is without defect.

The undersigned applicant, developer, contractor, or owner agrees to conform with all the bylaws of the Town of Lake Cowichan and to all the statutes and regulations in force in the Town of Lake Cowichan and to save the Town harmless from any action or cost whatsoever arising out of or incident to, the granting of this permit.

The undersigned recognizes that within the boundaries of the Town of Lake Cowichan there are areas of "problem soils", poor drainage and flooding, and that these are widely distributed as to location. I affirm that it is my responsibility to identify foundation condition generally on which the intended construction is to be placed and take all action required to ensure the adequacy of the foundation, and ultimately the safe and sound use and occupancy of the proposed structure.

I have read and agree with the aforementioned. I also understand that no building structure is to be sold or occupied prior to an approved final inspection and the subsequent issuance of an occupancy certificate.

Applicant's Signature

Date

**THIS APPLICATION IS MADE WITH MY FULL KNOWLEDGE AND CONSENT**

Registered Owner of Subject Property

Date

**Where the applicant is not the REGISTERED OWNER, the application must be signed by the REGISTERED OWNER**

**CALCULATION OF BUILDING VALUES AND APPLICABLE FEES**

PERMIT NO.	Area (Sq. m)	Value ( \$ )	<b>OFFICE USE ONLY</b>		
			Calculated Value		
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)	\$
<b>Total Value of Work</b>		\$	\$	<b>Total Fees Payable</b>	\$

**APPROVED BY:**

\_\_\_\_\_

Date

\_\_\_\_\_

Planning Officer / Chief Administrative Officer

\_\_\_\_\_

Date

\_\_\_\_\_

Building Inspector

**THIS PERMIT AUTHORIZING COMMENCEMENT OF WORK IS ONLY VALID UPON SIGNATURE BY THE BUILDING INSPECTOR**

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BUILDING INSPECTION								
Permit No.	DATE	R	P	INSP	DATE	R	P	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

CERTIFICATE OF OCCUPANCY	
<b>No building must be occupied until a Certificate of Occupancy has been obtained.</b>	
Certificate of Occupancy Issued to: _____	
_____	
Building Inspector	Date