

Building Permit Application

Office Use Only
Folder No: _____

Building Permits protect your interests by providing an independent review to ensure that the materials and methods employed on your project are safe according to the minimum standards outlined in the BC Building Code and the District of Oak Bay Bylaws.

In addition to a completed application form, please refer to the [Building Permit Checklists](#) for required supporting documentation.

Project Civic Address:	
Legal Description:	
Value of Construction:	
Applicant Name:	
Mailing Address:	Postal Code:
Email:	Phone:
Property Owner:	
Mailing Address:	Postal Code:
Email:	Phone:
Contractor/Builder Name:	
Mailing Address:	Postal Code:
Municipal Business Licence Number:	Phone:
Email:	
Application is made to:	
<input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Relocate <input type="checkbox"/> Renovation <input type="checkbox"/> Demolish <input type="checkbox"/> Other _____	
Proposed Use:	
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Institutional <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Other _____	
Description of Project: (Include key details)	
CONSTRUCTION DETAILS	
Number of Stories:	Number of Units:
Number of Covered Parking Spaces	Number of Off-street Parking Spaces
Type of Framing:	
<input type="checkbox"/> Masonry <input type="checkbox"/> Wood <input type="checkbox"/> Structural Steel Other _____	
Heating System:	
<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric Other _____	

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WAIVER OF LIABILITY: In consideration of the granting of this permit, I/we agree to release and indemnify the District of Oak Bay, its Council members, employees and agents from and against all liability, demands, claims, causes of actions, suits, judgements, losses, damages, costs, expenses of whatever kind I/we or any other person, partnership or corporation of my/our/their respective heirs, successors, administrator or assignees may have or incur in consequence of or incidental to the granting of this permit or any inspections, failure to I/we agree that the District of Oak Bay owes me/us no duty of care in respect to these matters.

COLLECTION INFORMATION: The personal information collected on this form is authorized under the authority of Section 26(c) of the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The information will be used by the District of Oak Bay to process your application. Please note that as a result of this application, copies of any associated permits, plans and/or other related property records (excluding any personal information therein) will be available to the public, either on a routine basis or by request to the Freedom of Information program. If you have questions regarding the collection, use and disclosure of personal information, contact the Corporate Services Department at foi@oakbay.ca or 250-598-3311.

AGENT AUTHORIZATION: The person signing this application, if not the owner, acknowledges that this signature is as agent for the owner and that he is authorized to bind the owner who is deemed to know and understand the contents of this form.

Signature of Applicant: _____

Please Indicate: Owner Agent

Date: _____