

Building Permit Application

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.

Date:			
Project Civic Address:			
Project Legal Description (Lot, Block, District Lot, Plan):			PID:
Value of Construction (Include all materials, mechanical, labour and services): <i>Note: the Building Permit application fee is based on the value of construction and will vary for each application</i>			
Applicant Name:			
Mailing Address:			Postal Code:
Phone:	Email:		
Property Owner:			
Mailing Address:			Postal Code:
Phone:	Email:		
Contractor Name:			
Mailing Address:			Postal Code:
Phone:	Email:		
Application is made to: (please check all applicable) <input type="checkbox"/> Construction 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 _____			
CONSTRUCTION DETAILS			
Number of Stories:	Number of Units:	Square Footage:	Number of Bedrooms:
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 <input type="checkbox"/> Other _____			
Heating System: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Other _____			

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Is the property located in a Development Permit Area? Yes No

If Yes, which one? _____

Is a recent Title Search Attached (dated within 30 days)? Yes No

Description of Project (please include a short paragraph explaining key details):

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:

OFFICE USE ONLY

Application received by:

Date:

Plumbing Folder No:

Building Folder No: