

# Certified Professional Program

## Building Permit Application

<b>Civic Address:</b> _____	<b>Application Date:</b> _____
<b>Proposed Work:</b> <input type="checkbox"/> Commercial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Institutional <input type="checkbox"/> Other _____ <input type="checkbox"/> New Building(s) Part 3 only <input type="checkbox"/> Tenant Improvement <input type="checkbox"/> Other _____ Are you demolishing an existing building? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you aware of any contaminated soils on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No Is your property within a Wildfire Hazard Development Permit Area? <input type="checkbox"/> Yes <input type="checkbox"/> No BCBC Occupancy Class (check) <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> A3 <input type="checkbox"/> A4 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> B3 <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F1 <input type="checkbox"/> F2 <input type="checkbox"/> F3	Zone: _____ Building Permit: BP _____ Demolition Permit: BP _____ DP/DVP/LUC: _____ Environment DP: _____ Wildfire Hazard DP: _____ Received By: _____  <b>Construction Value: \$</b> Subject to correction after plan review

<b>Description of Work:</b>		
Business Name on Premise: <small>(if applicable)</small>	Business Operation: <small>(if applicable)</small>	
Certified Professional:	Business Name:	
Address:	Postal:	
Phone:	E-mail:	
<b>Registered Property Owner(s) Name:</b>		
Address:	Postal:	
Phone:	Email:	
<b>Authorized Agent for Owner:</b> <small>(if applicable)</small>	Business Name:	
Address:	Postal:	
Phone:	Email:	
<input type="checkbox"/> Applicant other than owner must submit a Registered Owner's Authorization Letter		
<b>Contractor (site contact name):</b>	Business Name:	
Address:	Postal:	
Phone:	Email:	
<b>Applicant Acknowledgement</b> I, the Applicant, certify that, to the best of my knowledge, the information provided in this application and supplemental documentation submitted in support of the issuance of Building Permits by the District of West Vancouver is true and correct. I, the Applicant, certify that this application is being made with the full knowledge and consent of all Owners of the property in question.		
<b>Applicant's Name:</b>	Business Name:	
<b>Applicant's Signature:</b>	Email:	Phone:

*THE PERMIT APPLICATION FEE IS NON-REFUNDABLE. THIS APPLICATION IS VOID IF A PERMIT IS NOT OBTAINED WITHIN 6 MONTHS OF THE DATE OF APPLICATION.  
Freedom of Information and Protection of Privacy Act: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and the Community Charter and will be used for the purpose of processing your permit application. If you have any questions about the collection, use or disclosure of this information, please call the Legislative Services Department at 604-921-3497.*