



Building Department 4949 Canada Way, Burnaby, BC V5G 1M2  
 Telephone: 604-294-7130 Fax: 604-294-7499 www.burnaby.ca/building

Application Date: \_\_\_\_\_

Plan Checker: \_\_\_\_\_

Phone #: \_\_\_\_\_

**BUILDING PERMIT APPLICATION FORM FOR SINGLE & TWO FAMILY DWELLINGS**

Site Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Legal Description: Lot: \_\_\_\_\_ Block: \_\_\_\_\_ D.L. \_\_\_\_\_ Plan: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Demolition Required:  Yes  No

Project Value: \_\_\_\_\_ Number of plans submitted: \_\_\_\_\_

Building Owner (s): \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Designer: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ IMBL #: \_\_\_\_\_ Phone: \_\_\_\_\_

Agent: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

I acknowledge that the permit application fee is non-refundable.

The information on this form is collected under the authority of the current Burnaby Building Bylaw and is in accordance with the Freedom of Information and Protection of Privacy Act. The purpose of the collection is to process your application for a building permit. It will be retained as a record of your application and may be used to contact the parties involved in this project. The name of the applicant, the name and address of the business associated with the application, the address to which the permit pertains, and the value of the work being done may be made available to the general public. If you have any questions about the collection and use of this information, please contact the Building Department at 604-294-7130.

Applicant (Print Name): \_\_\_\_\_ (Signature): \_\_\_\_\_ (Date): \_\_\_\_\_

Agent or  Owner

**STAFF TO FILL IN**

Map #: \_\_\_\_\_ SPB #: \_\_\_\_\_ Zone: \_\_\_\_\_

Study Area: \_\_\_\_\_ Subdivision/Rezoning: \_\_\_\_\_ Covenants: \_\_\_\_\_

Flood Plain Area: \_\_\_\_\_ Soils Report (Peat Area): \_\_\_\_\_ Secondary Suite: \_\_\_\_\_

Other: \_\_\_\_\_

**CIRCULATION**

PLANNING	Req'd	Date Forward	Returned	ENGINEERING	Req'd	Date Forward	Returned
Lot size	<input type="checkbox"/>	_____	_____	D/W Crossing	<input type="checkbox"/>	_____	_____
Study Area	<input type="checkbox"/>	_____	_____	Damage Deposit	<input type="checkbox"/>	_____	_____
Heritage Building	<input type="checkbox"/>	_____	_____	<b>OTHER DEPARTMENTS</b>			
Ecosystem (Stream)	<input type="checkbox"/>	_____	_____	Legal Stat. Declaration	<input type="checkbox"/>	_____	_____
Park Acquisition	<input type="checkbox"/>	_____	_____	Board of Variance	<input type="checkbox"/>	_____	_____
Road Widening	<input type="checkbox"/>	_____	_____	Fraser Health	<input type="checkbox"/>	_____	_____
				Plumbing	<input type="checkbox"/>	_____	_____
				Trees	<input type="checkbox"/>	_____	_____

**Comments**

Demo Permit #: \_\_\_\_\_ Tree Permit #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Initial: \_\_\_\_\_

Building Permit #: \_\_\_\_\_ Inlaw Permit #: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Initial: \_\_\_\_\_

RFS #: \_\_\_\_\_ Comments/Bylaw Officer: \_\_\_\_\_

Application Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Initial: \_\_\_\_\_