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

Reset Form

Application Date:
Plan Checker:
Phone #: 604

APPLICATION FOR NEW COMMERCIAL MULTI-RESIDENTIAL INDUSTRIAL BUILDINGS AND ADDITIONS

Building 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):		Fax:	Phone:
Address:		Postal Code:	E-mail:
C.R.P.:		Fax:	Phone:
Address:		Postal Code:	E-mail:
Contractor:		Fax:	Phone:
Address:		IMBL #:	E-mail:
Preferred Contact:		Fax:	Phone:
Address:		Postal Code:	E-mail:

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) _____

STAFF TO FILL IN

SUBMISSION CHECKLIST

	Incl.	To Come	N/A	SCH. B
Architectural Drawings	☐	☐	☐	☐
Structural Drawings (including racking)	☐	☐	☐	☐
Piling Drawings	☐	☐	☐	☐
Mechanical/Plumbing Drawings (c/w site service)	☐	☐	☐	☐
Electrical Drawings (c/w load calculations)	☐	☐	☐	☐
Soils Report & Methane Report	☐	☐	☐	☐
Methane Ventilation System	☐	☐	☐	☐
Truss Layout	☐	☐	☐	
BC Land Survey (2 copies)	☐	☐	☐	
Building Code Analysis	☐	☐	☐	

	Incl.	To Come	N/A
Fire Truck Access Plan	☐	☐	☐
Designated Structural Engineer	☐	☐	☐
Alternative Solution Reports	☐	☐	☐
Schedule A	☐	☐	☐
Schedules B	☐	☐	☐
Schedule E1 (Residential Only)	☐	☐	☐
Schedule F (Owner's Undertaking)	☐	☐	☐
Encroachment Letter	☐	☐	☐
HPO New Home Registration	☐	☐	☐
Agent Authorization	☐	☐	☐

Note: All of the above items must be original, signed, sealed and dated (except for Schedule F & HPO New Home Registration Form)

P.P.A. Required: ☐ **Yes** ☐ **No** **P.P.A. Approval #:** **P.P.A. Approval Date:**

S.C.S. Permit #: **Excavation Permit #:** **Foundation Permit #:**

Building Permit #: **Application Fee:** **Issue Date:** **Initial:**