



Application Date: _____
 Plan Checker: _____
 Phone #: 604 _____

APPLICATION FOR TENANT IMPROVEMENT PERMIT (INCLUDING FAST TRACKING)

Building Address: _____ **Postal Code:** _____

Legal Description: _____ **Lot:** _____ **Block:** _____ **D.L.:** _____ **Plan:** _____

Tenant Name: _____ **Unit #:** _____

Occupancy Type: Retail Office Restaurant Food Sales School Other: _____
 Personal Service Manufacturing Repairs Residential Warehouse

Building Owner (s): _____ **Phone:** _____

Address: _____ **Postal Code:** _____ **E-mail:** _____

Designer: _____ **Fax:** _____ **Phone:** _____

Address: _____ **Postal Code:** _____ **E-mail:** _____

Contractor: _____ **Fax:** _____ **Phone:** _____

Address: _____ **IMBL #:** _____ **E-mail:** _____

Contact: _____ **Fax:** _____ **Phone:** _____ **E-mail:** _____

No. of sets of plans submitted: _____ **Construction Value: \$** _____

Adjacent Tenants

Location	Suite #	Tenant Name	Type of Business
Side			
Side			
Rear			
Above			
Below			

Building Information **No. of Storeys:** _____ **Fire Alarm:** _____ **Sprinklers:** _____ **Exit Signs:** _____ **Emergency Lighting:** _____

Note: Separate permits are required for electrical, plumbing, gas installation, alteration of sprinkler systems and illuminated signs.
 Letters of Assurance for sprinkler installation to be submitted at time of application for sprinkler permit.

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): _____

FOR STAFF USE ONLY

Submission Requirements for Tenant Permit

Architectural Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule F (Owner's Undertaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Drawings (including racking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consent to F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Drawings (load calc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule E1 (Residential Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Drawings (kitch, exh, system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HPO New Home Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agent Authorization Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedules B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

P.P.A. Required: Yes No

P.P.A. Approval #:

P.P.A. Approval Date:

Engineering	<input type="checkbox"/>	Date Forward	Returned	Health	<input type="checkbox"/>	Date Forward	Returned
Env. Services	<input type="checkbox"/>	_____	_____	Electrical	<input type="checkbox"/>	_____	_____
F.P.O.	<input type="checkbox"/>	_____	_____	Plumbing	<input type="checkbox"/>	_____	_____

Comments

Permit #: _____ Application Fee: _____ Date issued: _____ Initial: _____