



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: _____

Demo Contractor: _____ Email: _____

Address: _____ IMBL #: _____ Phone: _____

Preferred Contact: _____ Email: _____

Agent Authorization Form Required

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

FOR STAFF USE ONLY

Map #: _____ Zone: _____ Subdivision/Rezoning: _____

Study Area: _____ Flood Plain Area: _____ Energy Modelling Report & Checklist: To come Included N/A

Other: _____ Secondary Suite: Yes No LTO PID: _____

CIRCULATION

PLANNING	Req'd	Date Forward	Returned	ENGINEERING	Req'd	Date Forward	Returned
Lot size (1110 Sq M)/(11948 Sq F)	<input type="checkbox"/>	_____	_____	D/W Crossing	<input type="checkbox"/>	_____	_____
Study Area	<input type="checkbox"/>	_____	_____	Damage Deposit	<input type="checkbox"/>	_____	_____
Heritage Building	<input type="checkbox"/>	_____	_____	OTHER DEPARTMENTS			
Ecosystem (Stream)	<input type="checkbox"/>	_____	_____	Legal Department	<input type="checkbox"/>	_____	_____
Park Acquisition	<input type="checkbox"/>	_____	_____	Board of Variance	<input type="checkbox"/>	_____	_____
Road Widening	<input type="checkbox"/>	_____	_____	Fraser Health	<input type="checkbox"/>	_____	_____
Fire - Sprinkler	<input type="checkbox"/>	_____	_____	Plumbing	<input type="checkbox"/>	_____	_____
				Trees	<input type="checkbox"/>	_____	_____

Comments _____

Building Permit #: _____ Demolition Permit #: _____ Tree Permit #: _____

BYL#: _____ Bylaw Officer: _____ Issue Date: _____ Initial: _____