



## APPLICATION FOR TENANT IMPROVEMENT PERMIT

**Building Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

**Tenant Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

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

**Building Owner (s):** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

**Designer:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

**Contractor:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

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

**Preferred Contact:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_  
Agent Authorization Form Required

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

**No. of sets of plans submitted:** \_\_\_\_\_ **Project 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**

<b>SUBMISSION CHECKLIST</b>	<b>Incl.</b>	<b>To Come</b>	<b>N/A</b>		<b>Incl.</b>	<b>To Come</b>	<b>N/A</b>
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 Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Drawings (load calculations)	<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 Solution Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Drawings (kitchen exhaust system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	New Home Registration Forms(s)	<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"/>
Schedule B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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

**P.P.A. Required:**  Yes  No      **P.P.A. Approval #:** \_\_\_\_\_      **P.P.A. Approval Date:** \_\_\_\_\_

**CIRCULATION**

	<b>Req'd</b>	<b>Date Forward</b>	<b>Returned</b>		<b>Req'd</b>	<b>Date Forward</b>	<b>Returned</b>
Engineering	<input type="checkbox"/>	_____	_____	Fraser Health	<input type="checkbox"/>	_____	_____
Environmental Services	<input type="checkbox"/>	_____	_____	Electrical	<input type="checkbox"/>	_____	_____
Fire Protection Office	<input type="checkbox"/>	_____	_____	Plumbing	<input type="checkbox"/>	_____	_____

**Comments**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Building Permit #:** \_\_\_\_\_      **BYL#:** \_\_\_\_\_      **Date Issued:** \_\_\_\_\_      **Initials:** \_\_\_\_\_