



City of Burnaby  
 Building Division  
 Planning and Development Department  
 4949 Canada Way, Burnaby, BC V5G 1M2  
 Phone: 604-294-7130 Fax: 604-294-7986



Application Date: \_\_\_\_\_  
 Plan Checker (PC): \_\_\_\_\_  
 PC E-mail: \_\_\_\_\_  
 PC Phone Number: \_\_\_\_\_

## SINGLE AND TWO FAMILY DWELLING BUILDING PERMIT APPLICATION FORM

<b>SITE ADDRESS:</b>			<b>POSTAL CODE:</b>
<b>LEGAL DESCRIPTION:</b> Lot:	Block:	DL:	Plan:
<b>Description of Proposed Work:</b>			
<b>Project Value:</b> \$	<b>Sprinkler Permit Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Demolition Permit Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Tree Permit Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>BUILDING OWNER(S):</b>			
<b>BUILDING OWNER(S) ADDRESS:</b> <i>(If complete demolition is required, this address must differ from the site address)</i>			<b>POSTAL CODE:</b>
<b>PHONE NUMBER:</b>	<b>CELL PHONE:</b>	<b>E-MAIL ADDRESS:</b>	
<b>DESIGNER:</b>			
<b>ADDRESS:</b>			<b>POSTAL CODE:</b>
<b>PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>	<b>E-MAIL ADDRESS:</b>	
<b>CONTRACTOR (Business License Name):</b>			<b>Business License (Burnaby or IMBL):</b>
<b>ADDRESS:</b>			<b>POSTAL CODE:</b>
<b>PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>	<b>E-MAIL ADDRESS:</b>	
<b>DEMOLITION CONTRACTOR (Business License Name):</b>			<b>Business License (Burnaby or IMBL):</b>
<b>ADDRESS:</b>			<b>POSTAL CODE:</b>
<b>PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>	<b>E-MAIL ADDRESS:</b>	
<b>AGENT CONTACT (Agent Authorization Form Required):</b>			
<b>ADDRESS:</b>			<b>POSTAL CODE:</b>
<b>PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>	<b>E-MAIL ADDRESS:</b>	
<b>Who will be paying for the application fees:</b> <input type="checkbox"/> Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Preferred Contact <input type="checkbox"/> Other:			

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 public. If you have any questions about the collection and use of this information, please contact the Building Division at 604-294-7130.

**Applicant Name:** \_\_\_\_\_  
 Owner  Agent Contact Signature Date

<b>Building Permit: BLD</b>		<b>Demolition Permit: DEMO</b>		<b>Tree Permit: TRE</b>	
<b>Bylaw Case:</b>	<b>BYL</b>	<b>Bylaw Officer:</b>		<b>Issue Date:</b>	<b>Initials:</b>



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## SINGLE AND TWO FAMILY DWELLING BUILDING PERMIT APPLICATION FORM

### STAFF USE ONLY

**SITE ADDRESS:** \_\_\_\_\_

#### Property Information

Zone:	Subdivision:	Rezoning:
Study Area:	Flood Plain Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Energy Modelling Report & Checklist: <input type="checkbox"/> Included <input type="checkbox"/> To Come <input type="checkbox"/> N/A
Other:	Secondary Suite: <input type="checkbox"/> Yes <input type="checkbox"/> No PTO PID: _____	

#### Submission Checklist

	Incl.	To Come	N/A		Incl.	To Come	N/A
Schedule "F" (Owner's Undertaking)	<input type="checkbox"/>	<input type="checkbox"/>		Architectural Drawings (2 sets)	<input type="checkbox"/>	<input type="checkbox"/>	
Agent Authorization Form	<input type="checkbox"/>	<input type="checkbox"/>		Structural Drawings (2 sets)	<input type="checkbox"/>	<input type="checkbox"/>	
Consent to Construction Form (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule B (Structural & Geotechnical)	<input type="checkbox"/>	<input type="checkbox"/>	
Zoning Bylaw Checklist (completed by Designer)	<input type="checkbox"/>	<input type="checkbox"/>		Reduced Site Plan (2 copies - No larger 11x17)	<input type="checkbox"/>	<input type="checkbox"/>	
Drawing Checklist (Completed by Designer)	<input type="checkbox"/>	<input type="checkbox"/>		Topographical Survey (2 copies - No larger 11x17)	<input type="checkbox"/>	<input type="checkbox"/>	
Energy Modelling Report & Checklist	<input type="checkbox"/>	<input type="checkbox"/>		Posting Survey or Subdivision Plan (2 copies - No larger 11x17)	<input type="checkbox"/>	<input type="checkbox"/>	
BC Housing New Home Registration	<input type="checkbox"/>	<input type="checkbox"/>		Restrictive Covenant(s) (if applicable)	<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 Form & New Home Registration Form)**

#### CIRCULATION

	Req'd	Date Forwarded	Date Returned		Req'd	Date Forwarded	Date Returned
Transportation (CP)	<input type="checkbox"/>	_____	_____	Engineering – Development Services	<input type="checkbox"/>	_____	_____
Community (CP)	<input type="checkbox"/>	_____	_____	Engineering - Traffic	<input type="checkbox"/>	_____	_____
Zoning (CP)	<input type="checkbox"/>	_____	_____	Trees	<input type="checkbox"/>	_____	_____
Siting Approval (CP)	<input type="checkbox"/>	_____	_____	Fire Sprinkler	<input type="checkbox"/>	_____	_____
Ecosystem (LRP)	<input type="checkbox"/>	_____	_____	Legal - Covenant	<input type="checkbox"/>	_____	_____
Heritage (LRP)	<input type="checkbox"/>	_____	_____	Plumbing	<input type="checkbox"/>	_____	_____
Climate Action & Energy	<input type="checkbox"/>	_____	_____	Board of Variance	<input type="checkbox"/>	_____	_____
Geo-Hazards	<input type="checkbox"/>	_____	_____	Fraser Health Authority	<input type="checkbox"/>	_____	_____

#### Comments:

<b>Building Permit: BLD</b>		<b>Demolition Permit: DEMO</b>		<b>Tree Permit: TRE</b>	
Bylaw Case:	<b>BYL</b>	Bylaw Officer:	_____	Issue Date:	_____
			Initials: _____		