



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: _____

NEW COMMERCIAL, MULTI-RESIDENTIAL, INDUSTRIAL BUILDINGS AND ADDITIONS APPLICATION FORM

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

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 _____

Building Permit #:	BLD	Demolition Permit #:	DEMO	Tree Permit #:	TRE
Foundation Permit #:	FDN	Excavation Permit #:	BLD	Alternative Solution #:	AS



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NEW COMMERCIAL, MULTI-RESIDENTIAL, INDUSTRIAL BUILDINGS AND ADDITIONS APPLICATION FORM

STAFF USE ONLY

SITE ADDRESS:

Property Information

Zone:	Subdivision:	Rezoning:
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Submission Checklist

	Incl.	To Come	N/A	Sch B		Incl.	To Come	N/A
Architectural Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Energy Modelling Report & Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Truck Access Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piling Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Designated Structural Engineer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical/Plumbing Drawings (c/w site services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative Solution Report(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Drawings (c/w load calculations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soil Report & Methane Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Schedule E1 (Residential Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Truss Layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Schedule F (Owner's Undertaking)	<input type="checkbox"/>	<input type="checkbox"/>	
BC Land Survey (2 copies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Agent Authorization Form	<input type="checkbox"/>	<input type="checkbox"/>	
Building Code Analysis Summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Encroachment Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Code Compliance Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		New Home Registration Form(s)	<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 Authroization Form & New Home Registration Form)

Comments:

Building Permit #:	BLD	Demolition Permit #:	DEMO	Tree Permit #:	TRE
Foundation Permit #:	FDN	Excavation Permit #:	BLD	Alternative Solution #:	AS