

BUILDING PERMIT APPLICATION TENANT IMPROVEMENT

Building Division, Planning and Development Department 2ND Floor, 4949 Canada Way, Burnaby, BC V5G 1M2 Phone: 604-294-7130 Fax: 604-294-7986



Application Date:	
Plan Checker (PC):	

Section 1: Pro	perty Information									
SITE ADDRESS:						POSTAL CODE:				
LEGAL DECSRIPT	TION: Lot:		Block:	DL:			Plan:			
TENANT NAM	E:					Unit#				
PROJECT VALUE \$					Numbe	er of Plans Subm	itted:			
Occupancy Type:	☐ Retail ☐ Residential ☐	☐ Office Personal Servio	☐ Restaurant ces ☐ Manufact		□ Wareh	nouse	☐ School	☐ Repairs		
Section 2: Buil	ding Owner(s)									
PROPERTY OW	/NER:									
ADDRESS:		CITY:		POSTAL CODE:						
PHONE NUMB	ER:			CELL PHONE:						
E-MAIL:										
Section 3: Des	igner									
DESIGNER:										
ADDRESS:				CITY:			POSTAL CODE	:		
PHONE NUMB	ER:			CELL PHONE:						
E-MAIL:										
Section 4: Con	tractor Business Lice	nse Name								
CONTRACTOR	:			Business	License (I	IMBL or	Burnaby):			
ADDRESS:				CITY:			POSTAL CODE	:		
PHONE NUMBER:				CELL PHONE:						
E-MAIL :										
Section 6: Age	nt Contact Agent Au	ıthorization Forn	n Required							
AGENT CONTA	ACT:									
ADDRESS:				CITY:			POSTAL CODE:			
PHONE NUMB	ER:			CELL PHONE:						
E-MAIL:										
Who will be payi	ng for the application	fees: □ Tenant/L	essee Contracto	r □ Agent Contact	☐ Other	:				
Note: Separate permits are required for electrical, plumbing, gas installation, alterations of sprinklers and illuminated signs. Letters of Assurance for sprinkler installation must be submitted at time of application for sprinkler permits.										
I acknowledge t	that the permit applic	ation fee is non-ı	refundable.							
Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. For questions regarding the collection, use and disclosure of personal information please contact the FOI Administrator at FOI@burnaby.ca or by calling 604-294-7944 or in person at City Hall at 4949 Canada Way, Burnaby.										

☐ Owner ☐ Agent Contact

Applicant Name:

Signature

Date



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STAFF USE ONLY												
SITE ADDRESS:												
PPA REQUIRED:	☐ YES [□ NO	PPA App	roval #:			PPA Appro	oval Date	1			
				SUE	BMISSIC	N CHECKLIS	ST					
			Incl	To Come	N/A					Incl	To Come	N/A
Schedule "F" (Owner's U	Jndertakin,	g)					Arch	nitectural	Drawings			
Agent Authorization For	m					Structural Drawings (including racking)			ng racking)			
Consent to Construction	Form (if a	pplicable)				Electrical Drawings (load calculations)						
Schedule A Schedule B						Plumbing Drawings Mechanical Drawings (kitchen exhaust system)						
Schedule E1 (Residentia	l only)					Mechanical						
Softedure E1 (Nesidentia	,		_	_	_	Alternative Solution Report(s) Fraser Health Authority Approval						
	(NOTE: All of	the above it	tems must be	e original, sig	ned, sealed	and dated (Except				_		
	•					LATION						
	<u>Req'd</u>	Date For	rwarded	Date R	Returned			<u>Req'd</u>	Date Forwa	rded	Date Re	turned
Fire Prevention							Engineering					
Heritage							Electrical					
Climate Action & Energy	<i>,</i> \Box					Plur	mbing & Gas					
							Trees			_		
COMMENTS:												
-												
Building Permit: BLD Demolition Permit: DEMO			T	ree Pern	nit: TRE							
Waste Diversion: WDP Site Servicing Review: SSR			SSR	Bylaw Case: BYI								