

Building Application - Blasting Permit

District of Lake Country

Development Services — Building Department

building@lakecountry.bc.ca



10150 Bottom Wood Lake Road

Lake Country, B.C. V4V 2M1

Phone: 250-766-5650

Building Permit Number (Internal)	BP #		
PROPERTY INFORMATION			
Building Site Address:	Building Site Address		
Zoning Designation:	Zoning		
BLASTING PERMIT			
Detailed scope of work and use of space:	Description		
FEES			
Building Permit Fee	\$150.00		
<p><i>The building permit application fee is due at the time of building permit submission. Additional permit fees will be due at the time of building permit issuance and are per the District of Lake Country Fees Bylaw No.987, 2016. Acceptance of fees does not imply or guarantee application approval.</i></p>			
APPLICANT			
Applicant Status:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor	<input type="checkbox"/> Other: <u>Other</u>
Name:	Name		
Company Name (if applicable): (below)		Business Licence # and issuing Municipality: (below)	
Company Name		Business Licence # & Locale	
Mailing Address:	Mailing Address		
City:	City	Province:	Province
Postal Code:	Postal Code	PC	PC
Phone:	#	Email:	Email
<p><input type="checkbox"/> I acknowledge that if I am granted a building permit pursuant to this application that I am responsible for compliance with the BC Building Code section 1.2.1.2, all District of Lake Country Bylaw's and any other applicable enactment, code, regulation or standard relating to the work in respect of which the permit is issued, whether or not the said work is undertaken by me or by those whom I may retain or employ to provide design and/or construction services.</p> <p><input type="checkbox"/> I acknowledge that neither the issuance of a permit under this bylaw, nor the acceptance or review of plans, specifications, drawings or supporting documents, nor inspections made by or on behalf of the district constitute a representation, warranty, assurance or statement that the Code, the bylaws of the district or any other applicable enactment, code, regulation or standard has been complied with.</p>			

<input type="checkbox"/>	Where the District requires that Letters of Assurance be provided by a Registered Professional pursuant to Section 290 of the <i>Local Government Act</i> , I confirm that I have been advised in writing by the district that it relied exclusively on the Letter of Assurance of "Professional Design and Commitment for Field Review" submitted as part of this application. Building permit fees for a project, or part thereof, certified by a registered professional shall be reduced as per fee and changes bylaw 987.
<input type="checkbox"/>	See attached Schedules. In reviewing the plans, drawings, specifications and supporting documents submitted with this application for a building permit.
<input type="checkbox"/>	I confirm that I have relied only on the said Registered Professional for the adequacy of plans, drawings specifications and supporting documents submitted with this application.
<input type="checkbox"/>	I understand that I should seek independent legal advice in respect of the responsibilities I am assuming upon the granting of a permit by the district pursuant to this application and in respect of the execution of this acknowledgement.
Note: The personal information on this form is collected under the authority of the Local Government Act/Community Charter for the purposes of processing this application and is subject to the Freedom of Information and Protection of Privacy Act. Any questions regarding this collection are to be directed to Legislative Services at 250.766.5650.	
Applicant Signature:	Signature _____ Dated: _____ Date _____

*COMPLETE OWNER'S AUTHORIZATION ON PAGE 3 IF APPLICANT IS NOT OWNER ON TITLE.			
OWNER'S AUTHORIZATION – Complete if applicant is not the registered owner on title			
Registered Owner Name(s):	Register Owners Name _____		
Mailing Address:	Mailing Address _____		
City:	City _____	Province:	Province _____
		Postal Code:	PC _____
Phone:	# _____	Email Address:	Email _____
Please be advised the registered owner(s) of the above-mentioned property, authorize the applicant to (select applicable):			
<input type="checkbox"/> apply for and obtain a building permit in respect to the above-mentioned property on my/our behalf.			
<input type="checkbox"/> provide to the District of Lake Country as my agent, all information and documents required for such an application on my/our behalf.			
<input type="checkbox"/> access property information related to the above-mentioned property on my/our behalf.			
I/we agree to immediately notify the District of Lake Country, in writing, of any changes regarding this information.			
Owner's Signature(s):	Owner's Signature _____	Dated:	Date _____

The following information may be necessary to facilitate a thorough evaluation and timely decision on your application. To expediate the evaluation, all materials submitted must be clear, legible, and precise. Plans/drawings must conform to the current edition of the BC Building Code.

Building Permit Applications should be submitted without personal information on any plans. Omitting this information will protect builders and tenants by reducing the risk of any personal information being wrongfully displayed, while also following the Province of BC's Freedom of Information and Protection of Privacy Act. If you consider the information to be personal, please omit from the building plans.

Required	Office Use Only	
<input type="checkbox"/>	<input type="checkbox"/>	APPLICATION FEE fees are payable by cash, cheque, credit card or money order at time of your application submission in accordance with the current year's fee schedule.
<input type="checkbox"/>	<input type="checkbox"/>	LEGAL DESCRIPTION AND CIVIC ADDRESS of the parcel
<input type="checkbox"/>	<input type="checkbox"/>	STATE OF TITLE CERTIFICATE OR TITLE SEARCH PRINT AND A COPY OF ALL REGISTERED CHARGES obtained from the Land Title Office within 30 days of the date of application including all relevant land title charges.
<input type="checkbox"/>	<input type="checkbox"/>	OWNER AUTHORIZATION FORM if the Applicant is not the registered Owner of the land and has been appointed as agent. Applications and authorizations must be signed by all registered owners.
<input type="checkbox"/>	<input type="checkbox"/>	DESCRIPTION/SCOPE OF WORK
<input type="checkbox"/>	<input type="checkbox"/>	PURPOSE FOR BLASTING
<input type="checkbox"/>	<input type="checkbox"/>	START DATE OF BLASTING
<input type="checkbox"/>	<input type="checkbox"/>	DURATION OF BLASTING WORK
<input type="checkbox"/>	<input type="checkbox"/>	LOT LINE DIMENSIONS from the registered subdivision plan.
<input type="checkbox"/>	<input type="checkbox"/>	BLASTING NOTIFICATION RADIUS MAP
<input type="checkbox"/>	<input type="checkbox"/>	COMPLETED APPLICATION FORM
<input type="checkbox"/>	<input type="checkbox"/>	VALID BLASTING CERTIFICATE ISSUED BY WORKSAFEBC
<input type="checkbox"/>	<input type="checkbox"/>	OTHER:

ONLY COMPLETE APPLICATION SUBMISSIONS WILL BE ACCEPTED FOR PROCESSING