

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.

*Links are provided as needed below.



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 WORKSAFEBBC
<input type="checkbox"/>	<input type="checkbox"/>	OTHER:

ONLY COMPLETE APPLICATION SUBMISSIONS WILL BE ACCEPTED FOR PROCESSING.

