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)			nal) BP	BP#								
PROPE	RTY INFORM	ATION										
Building	Site Address:	В	uilding Site	e Addre	ddress							
Zoning [Designation:	Zo	oning									
BLASTIN	IG PERMIT											
Detailed scope of work and use of space:				De	Description							
FEES												
Building Permit Fee \$150.00												
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.												
APPLIC	ANT											
Applicar	nt Status:		Owner		Contracto	or		Other:	<u>Other</u>			
Name:	Name											
Compai	ny Name (if a	pplicab	ole): (belov	v)	Busines	ss Licen	ce # a	nd issuin	g Municipality:	(below)		
Compa	ny Name				Busines	ss Licer	ice # 8	& Locale				
Mailing	Address:	Mailin	g Address									
City:	City Province:			e: Pro	Province			Postal	Code:	PC		
Phone:	#				Email:	Emai						
	BC Building Co standard relat those whom I I acknowledge	de section ing to the may retather that neither that neither the mann in the medical control of the medical contro	on 1.2.1.2, a ne work in re ain or emplo ther the issua	all Districespect or one of a contract of a	t of Lake Cou f which the p vide design a permit under	untry By bermit is and/or co r this byl	law's ai issued onstruc aw, noi	nd any oth , whether ction servic r the accept	er applicable ena or not the said w es. tance or review of	nsible for compliance with the ctment, code, regulation or ork is undertaken by me or plans, specifications, drawin	by by	
		the Cod								tion, warranty, assurance or n or standard has been		

	Where the District requires that Letters of Assurance be provided by a Registered Professional pursuant to Section 290 of the Local Government Act, 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.									
	See attached Schedules. In reviewing the plans, drawings, specifications and supporting documents submitted with this application for a building permit.									
	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.									
	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.									
for the	purposes of pro	cessing t	his application an		reedom of	Information and Prot	t Act/Community Charter ection of Privacy Act. Any			
Applica	ant Signature:	Sigr	ature		Dated:	Date				
*C	OMPLETE O	WNER	's Authoriz	ATION ON PAG	3 IF AP	PLICANT IS NOT	OWNER ON TITLE.			
				ATION ON PAG			OWNER ON TITLE.			
OWNE		ATION -		licant is not the re			OWNER ON TITLE.			
OWNEI Registe	R'S AUTHORIZ ered Owner No	ATION -	Complete if app	licant is not the re			OWNER ON TITLE.			
OWNEI Registe	R'S AUTHORIZ ered Owner No	ATION –	Complete if app Register Owner Address	licant is not the re			OWNER ON TITLE. PC			
OWNER Registe Mailing	R'S AUTHORIZ ered Owner No Address:	ATION –	Complete if app Register Owner Address	licant is not the re		wner on title				
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OWNER Register Mailing City: Phone:	R'S AUTHORIZ ered Owner No Address: City # be advised the	ATION – ame(s): Mailing	Complete if app Register Owner Address Province: Province: Province: Of the owner(s) of the owner(s)	licant is not the rest is Name vince Email Address:	gistered o	wner on title Postal Code:	PC to (select applicable):			
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OWNED Register Mailing City: Phone: Please II pr mr ac	R'S AUTHORIZ ered Owner No Address: City # be advised the oply for and obtoovide to the Di y/our behalf. ccess property i	ATION – ame(s): Mailing registere ain a buil strict of L	Complete if app Register Owner Address Province: Province	licant is not the rest of the second	Email roperty, au entioned p on and doc operty on n	Postal Code: thorize the applicant roperty on my/our be	PC to (select applicable): chalf. such an application on			