



RDCO INSPECTION SERVICES

Building Permit Application Form

Office Use Only
Date:
Application #
Permit #

Type of Application:		
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Wood Burning Appliance
<input type="checkbox"/> Secondary Suite	<input type="checkbox"/> Renovation/Addition	<input type="checkbox"/> ½ Duplex
<input type="checkbox"/> Mobile/Modular Home (<input type="checkbox"/> A277/ <input type="checkbox"/> Z240)	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other:

Project Information:				
Legal	Lot:	Plan:	District Lot:	PID:
Civic Address:				
Project: Square Area:		(Ft ² or M ²)	Construction Value: \$	
Additional Information:				

Owner Information:	
Last Name:	First Name:
Mailing Address:	
E-mail:	Telephone:

Agent/Contractor Information:	
Company Name:	Business Licence No:
Mailing Address:	
Contact Name:	
E-mail:	Telephone:

Building Permit Contact:	<input type="checkbox"/> Owner	<input type="checkbox"/> Contractor/Agent
---------------------------------	--------------------------------	---

- **If applicant is other than the registered owner(s), an owner authorization form will be required.**
- **All supporting documents listed in the Building Permit Checklist must be included with the application.**

In consideration of the granting of permission applied for I/we hereby agree to indemnify and keep harmless the Regional District of Central Okanagan against all claims, liabilities, judgments, costs and expenses of any kind, which may in any way accrue against the said Corporation in consequences of and incidental to, the granting of this permit, if issued. I further agree to pay the full cost of repairing any damage to Corporation works occasioned by the building operations in respect of which this application is made.

Owner/Agent

Signature: _____ Date: _____

OFFICE USE ONLY:	Copies to:	Application Fee Paid:
<input type="checkbox"/> Engineering		<input type="checkbox"/> Yes
<input type="checkbox"/> Planning		<input type="checkbox"/> No
<input type="checkbox"/> Inspections		



REGIONAL DISTRICT of CENTRAL OKANAGAN
INSPECTION SERVICES
 Owner's Authorization Form

Community Services- Inspections
 1450 KLO Rd. Kelowna BC V1W3Z4
 Phone: 250-469-6211
 Fax: 250-762-7011
 inspection@rdco.com

Property Information

Building Permit Application

Civic Address:	
Legal Description:	
Building Project Description	
Registered Owner(s):	
Mailing Address:	
Phone:	Email:
<i>Please be advised that I/we the registered owner(s) of the above mentioned property, (please select applicable)</i>	
<input type="checkbox"/> <i>will apply for all building permit applications related to the above mentioned project.</i>	
<input type="checkbox"/> <i>authorize the following agent to apply for all building permit applications related to the above mentioned project on my/our behalf</i>	
<input type="checkbox"/> <i>authorize the following agent to access building permit records related to the above mentioned property on my/our behalf</i>	
Agent Name:	
Agent Company:	
Mailing Address:	
Phone:	Email:

I/We agree to immediately notify the Regional District of Central Okanagan, in writing, of any changes regarding this information.

 Owner's Name(s) (printed):

 Owner's Signature(s): Date:

Completed form can be emailed to inspection@rdco.com



SCHEDULE 1 SITE DISCLOSURE STATEMENT

Has the site been used for any industrial or commercial purposes or activities described in SCHEDULE 2 of the Contaminated Sites Regulation?

Yes No

Exemptions (See the Contaminated Sites Regulation, Division 3 of Part 2):

Does the application qualify for an exemption from submitting a site disclosure statement?

Yes No

If yes, indicate which exemption applies

I. CONTACT INFORMATION

A: SITE OWNER(s) or OPERATOR(s) LAST NAME FIRST NAME(s) COMPANY (if applicable) ADDRESS - STREET CITY PROVINCE/STATE COUNTRY POSTAL CODE PHONE E-MAIL

B: PERSON COMPLETING SITE DISCLOSURE STATEMENT (Leave blank if same as above) Agent authorized to complete form on behalf of the owner or operator LAST NAME FIRST NAME(s) COMPANY (if applicable)

C: PERSON TO CONTACT REGARDING THE SITE DISCLOSURE STATEMENT LAST NAME FIRST NAME(s) COMPANY (if applicable) ADDRESS - STREET CITY PROVINCE/STATE COUNTRY POSTAL CODE PHONE E-MAIL

II. SITE INFORMATION

Coordinates (using the North American Datum 1983 convention) for the centre of the site:

Latitude			Longitude		
DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS

Attach a map of appropriate scale showing the location and boundaries of the site.

For Legally Titled, Registered Property

SITE ADDRESS (or nearest street name/intersection if no address assigned)	
CITY	POSTAL CODE

PID	Land Description	Add	Delete
		+	-

For Untitled Crown Land

PIN numbers and associated Land Description (if applicable)

PIN	Land Description	Add	Delete
		+	-

And if available

Crown Land File Numbers	Add	Delete
	+	-

III. INDUSTRIAL OR COMMERCIAL PURPOSES OR ACTIVITIES

In the format of the example provided, which of the industrial or commercial purposes or activities have occurred or are occurring on this site.

EXAMPLE

Schedule 2 Reference	Description
E1	appliance, equipment or engine maintenance, repair, reconditioning, cleaning or salvage
F10	solvent manufacturing, bulk storage, shipping or handling

Schedule 2 Reference	Description	Add	Delete
		+	-

IV. ADDITIONAL INFORMATION

- Provide a brief summary of the planned activity and proposed land use at the site.
- Indicate the information used to complete this site disclosure statement including a list of record searches completed.
- List any past or present government orders, permits, approvals, certificates or notifications pertaining to the environmental condition of the site. (Attach extra pages, if necessary):

V. DECLARATIONS

Where a municipal approval is not required, please indicate the reason for submission directly to the registrar:

- Under Order Foreclosure CCAA Proceedings BIA Proceedings
 Decommissioning Ceasing Operations

By signing below, I confirm that the information in this form is complete and accurate to the best of my knowledge:

SIGNATURE

DATE SIGNED (YYYY-MM-DD)

APPROVING AUTHORITY CONTACT INFORMATION

NAME	AGENCY
ADDRESS	
PHONE	E-MAIL

Reason for submission (Please check one or more of the following):

- Building Permit Subdivision Zoning Development Permit

DATE RECEIVED (YYYY-MM-DD)

DATE SUBMITTED TO REGISTRAR (YYYY-MM-DD)