



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
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- **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		