CITY OF WEST KELOWNA
Development Services — Building Department
3731 Old Okanagan Highway West Kelowna, BC, V4T 0G7
Phone: 778-797-8820 Email: building@westkelownacity.ca

Building Permit Application

Building Permit Application No. (Issued by Office):

1 - PROPERTY INFORMATION

Building Site Address:

Zoning Designation:

2 - APPLICATION TYPE

Residential ☐	Non-Residential ☐	Mixed Use ☐	Retaining Wall ☐

3 - WORK CLASS

New Construction ☐	Tenant Improvement ☐	Alteration ☐	Addition ☐
Swimming Pool ☐	Retaining Wall ☐	Accessory Structure ☐	Demolition ☐
Sewer ☐	Water Service ☐	Secondary Suite ☐	De-Commission Stove ☐
Wood Burning Appliance ☐			

4 – PROPOSED OCCUPANCY - Select an intended use for all New Residential "Multi Family" Dwellings:

Owner Occupied ☐	Owner Occupied with Suite ☐	Rental: Accessory Dwelling ☐	Rental – CO-OP ☐	Rental – Purpose Built Market ☐	Rental – Secondary Suite ☐
FOR RENTALS, INDICATE RENTAL AFFORDABILITY:			Below Market Rental ☐	Market Rental ☐	Below Market with Onsite Supports ☐

Detailed scope of work and use of space:

5 - FEES

Construction Value: $	**Sq m/ft:**

Building Permit	**Application Fee** (non-refundable): -Calculated based on construction value, with a minimum fee of $150.00 **Permit Fees:** - Calculated at 1.14% of actual construction value - $10 per pluming fixture ***Other fees, including applicable connection fees or Development Cost Charges (DCC's) may apply.**

The application fee is due at the time of permit submission and is non-refundable. Permit fees are payable upon permit issuance and are subject to the City of West Kelowna Fees and Charges Bylaw No. 0028.
Payment of fees does not imply or guarantee approval of the application.

6 - APPLICANT

Applicant Status: ☐ **Owner** ☐ **Contractor** ☐ **Other:**		
Name:		
Company Name (if applicable):	**Business License # and issuing Municipality:**	
Mailing Address:		
City:	**Province:**	**Postal Code:**
Phone:	**Email:**	

7 - SIGNATURE

☐ 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, all City of West Kelowna 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;

☐ 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;

☐ Where the City 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 City that it relied exclusively on the Letter of Assurance of "Professional Design and Commitment for Field Review" prepared by: (list names of any Registered Professionals by which letters were provided)

_____

OR ☐ 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; and,

☐ 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 City 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 778-797-2250.

Applicant Signature:	**Dated:**

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):		
Mailing Address:		
City:	**Province:**	**Postal Code:**
Phone:	**Email Address:**	

Please be advised that I/we, the registered owner(s) of the above-mentioned property, authorize the applicant to (select applicable):

- ☐ apply for and obtain a building permit in respect to the above-mentioned property on my/our behalf.
- ☐ provide to the City of West Kelowna, as my agent, all information and documents required for such an application on my/our behalf.
- ☐ access property information related to the above-mentioned property on my/our behalf.

I/we agree to immediately notify the City of West Kelowna, in writing, of any changes regarding this information.

Owner's Signature(s)	Dated: