



DISTRICT OF SQUAMISH
BUILDING PERMIT

Date Received: _____

I/we hereby make application as follows:

APPLICATION TYPE: Mark all applicable box(es)

- | | |
|--|--|
| <input type="checkbox"/> Building Permit (Standard Building)
<input type="checkbox"/> Building Permit (Complex Building)
<input type="checkbox"/> Temporary Building
<input type="checkbox"/> Moving Permit
<input type="checkbox"/> Demolition Permit | <input type="checkbox"/> Plumbing Permit |
|--|--|

PROPERTY:

STREET ADDRESS: _____

LEGAL DESCRIPTION: _____

SIZE OF PROPERTY: _____

PROPOSED USE:

Description of Building/Use: _____

PROVISION OF SERVICES:

Proposed Road Access: _____

Proposed Water Supply Method: _____

Proposed Sewage Disposal Method: _____

Proposed Storm Drainage Method: _____

Approximate Commencement Date of Proposed Project: _____

(continue over . . .)

APPLICANT:

Name: PRIORITY PERMITS LTD.

Mailing Address: #407- 604 COLUMBIA ST., NEW WESTMINSTER, BC

Postal Code: V3M 1A5

Phone Numbers: Office: (604) 587-5869 Home: _____ Fax: 1-888-738-3846

Cell: 778-882-3423 E-mail prioritypermits@shaw.ca

OWNERS:

If applicant is not registered owner, complete the following and attach a letter of authorization from the property owner, or add the owner's signature to this application (as indicated below).

Name: _____

Mailing Address: _____

Phone Number: _____

CONTRACTOR:

Name: _____

Mailing Address: _____

Phone Numbers: Office: _____ Home: _____ Fax: _____

Cell: _____ E-Mail: _____

For Commercial, Industrial or Institutional Buildings provide Construction Value:

\$ _____

I/we have attached to this application the attachments required by Bylaw 1822, 2004, along with the required application fee, and hereby agree to submit further information deemed necessary for processing this application.

JORDAN DESROCHERS

Print Name of Applicant(s)

Signature of Applicant(s)

Date

Print Name of Owner(s)

Signature of Owner(s)

Date

****** NO APPLICATION WILL BE ACCEPTED UNLESS COMPLETED ****
WITH THE REQUIRED FEE AND PLANS ATTACHED**

FOR OFFICE USE ONLY

Application Fee: \$75.00

Date Received: _____

Receipt Number: _____

Official: _____

Form 1
Acknowledgements of Owner

I acknowledge that the owner of the land in respect of which this permit is issued is solely responsible for carrying out the work authorized by this permit in accordance with the Building Code and other applicable laws respecting safety, including the requirements of the Building Code in relation to soil conditions for building foundations. I acknowledge that the owner of the land is also solely responsible for determining whether the work authorized by this permit contravenes any covenant, easement, right of way, building scheme or other restriction affecting the building site, and whether the work requires the involvement of an architect under the *Architect's Act* or an engineer or geoscientist under the *Engineers and Geoscientists Act*.

I acknowledge that the District of Squamish provides a limited monitoring service in relation to building construction and does not, by accepting or reviewing plans, inspecting construction, monitoring the inspection of construction by others, or issuing building or occupancy permits, make any representation or give any assurance that the construction authorized by this permit complies in every or any respect with the Building Code or any other applicable laws respecting safety.

If the District of Squamish has so indicated on this permit, I acknowledge that the District has issued the permit in reliance on the certification of a registered professional, engaged by me to provide such a certification, that the plans for the work authorized by the permit comply with the Building Code and other applicable enactments, and that the fee for the permit has been accordingly reduced. I acknowledge that the District of Squamish, by issuing this permit or any occupancy permit, makes no representations to me or any other person as to any such compliance.

Name of Registered Owner (please print)

Signature of Registered Owner or
Authorized Signatory of Corporate Owner

Date of Acknowledgement

District of Squamish Building Bylaw No. 1822, 2004
Form 2
Registered Professional's Proof of Insurance

District of Squamish
Box 310
Squamish B.C. V0N 3G0
Attention: Chief Building Inspector

Re: _____ [civic address of project]

This is to confirm that the undersigned registered professional is insured by a policy of insurance covering liability to third parties for errors and omissions in the provision of professional services in respect of the captioned project, a certificate of which insurance is attached.

The undersigned will notify both the Chief Building Inspector and the owner who has engaged the undersigned to provide professional services in respect of the captioned project, in writing, of any termination of or change in the terms of the coverage provided by the policy, immediately upon being informed of or becoming aware of such termination or change.

Signature of Registered Professional

[affix seal]

Name of Firm