

## **Building Permit Application**

For office use only	
Permit Number:	
Date Received:	

crd.ca Phone: 250-360-3230 email: bpapplication@crd.bc.ca

Propose	ed Constru	ıction								
Constructi	on Value (to	otal cost of construction	):							
Site Address	<b>5:</b>									
Legal Description:						PID:				
Select one: Construct Add To Alter Repair	onstruct Move-In Single-Family Dwelling Carriage House Garage dd To Reapply Two-Family Dwelling Secondary Suite Carport lter Renew Multi-Family Dwelling Accessory Building Other:					Short descrip	tion of wor	k:		
Applicant	Name(s):									
Mailing Address:				City:			Prov:	Postal Code:		
Telephone:				Email:						
Owner	Name(s):	Name(s):								
Mailing Address:				City:			Prov:	Postal Code:		
Telephone:				Email:						
If the owne	the owner is a company or society, please include a copy of the Statement of Directors and Registered Office with this application.									
Builder	Name(s):			License #:						
Company Na	ame:									
Mailing Address:				City:		Prov:	Postal Code:			
Telephone:				Email:						
Energy Advisor Name(s):				Registration #:						
Company Na	ame:									
Mailing Address:				City:			Prov:	Postal Code:		
Telephone:				Email:						
made by or o the work in for standards. Freedom of Ir Personal info and will be us directed to: B	suance of a perr n behalf of the C ull accordance w nformation Waiv rmation containe sed for purposes uilding Inspectio	mit under this bylaw nor the acc Capital Regional District shall in a ith the British Columbia Building er ed on this form is collected unde associated with the Building Ins In Manager 250-360-3230 perm al Areas is regulated by Building	eny way reliev of Code, the Bui or Section 26 (of spection progra itquestion@cro	e the owner or his Iding Regulation B  c) of the Freedom of the Enquiries about the decire about the enquiries about the end end end end end end end end end en	or her repre ylaw of the o	esentatives from CRD and all othe on and Protectio	full and sole or applicable n of Privacy	e responsibility to perform enactments, codes, and Act (FOIPPA)		
Name of ApplicantSign			Signa	ature of Applicant				Date		