



Tk'emlúps te Secwépemc
 Planning & Engineering Department
 Phone: 250-314-1538 Fax: 250-372-8833

APPLICATION FOR BUILDING PERMIT

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

FOR OFFICE USE ONLY :
PERMIT NUMBER :

Location of Work	CIVIC ADDRESS	
Legal Description	LOT	PLAN
Registered Owner	NAME	PHONE
	ADDRESS	EMAIL
	CITY	POSTAL CODE
General Contractor	NAME	PHONE
	ADDRESS	EMAIL
	CITY	POSTAL CODE
	BUSINESS LICENCE No.	

NUMBER OF DWELLING UNITS CREATED:		Construction Value \$		
<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> INSTITUTIONAL	<input type="checkbox"/> INDUSTRIAL	
<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> SECONDARY SUITE	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FIRE REPAIR	<input type="checkbox"/> SITE SERVICING	<input type="checkbox"/> RETAINING WALL
<input type="checkbox"/> EARTHWORK	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> SOLID FUEL APPL	<input type="checkbox"/> ACCESSORY	<input type="checkbox"/> SITING PERMIT
Description of work:				
Building area	Sq. ft.	Lot area	Sq. ft.	
TYPE OF HEATING SYSTEM				
<input type="checkbox"/> GAS FORCED	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> RADIANT	<input type="checkbox"/> GEOTHERMAL	<input type="checkbox"/> OTHER
IF OTHER DESCRIBE:				

I agree to conform to all the bylaws of the Tk'emlúps te Secwépemc and all the statutes and regulation in force on the Tk'emlúps te Secwépemc and to save the Band harmless from any action or cost whatsoever arising out of or incidental to the granting of this permit, if issued. I recognize that within the boundaries of the Reserve there are areas of "problem soils" and that these are widely distribute as to location. I affirm that it is my responsibility as owner/agent to identify foundation conditions generally on which the intended construction is to be placed and take all action required to ensure the adequacy of foundation.

****I HAVE READ AND UNDERSTAND ALL REQUIRMENTS OF THIS APPLICATION****

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ PHONE: _____

FOR OFFICE USE ONLY	Required		Rec'd		Required		Rec'd
	Yes	No			Yes	No	
Certificate of Title	<input type="checkbox"/>	<input type="checkbox"/>		Health Approval	<input type="checkbox"/>	<input type="checkbox"/>	
Letter of Authorization	<input type="checkbox"/>	<input type="checkbox"/>		Residential Plans X 3 or 4	<input type="checkbox"/>	<input type="checkbox"/>	
Encumbrances	<input type="checkbox"/>	<input type="checkbox"/>		Commercial Plans X 3 or 4	<input type="checkbox"/>	<input type="checkbox"/>	
Letters of Assurance	<input type="checkbox"/>	<input type="checkbox"/>		Truss & Floor Layout	<input type="checkbox"/>	<input type="checkbox"/>	
Landscape Plan & Estimate	<input type="checkbox"/>	<input type="checkbox"/>		Grading Plan	<input type="checkbox"/>	<input type="checkbox"/>	
Water Meter Information	<input type="checkbox"/>	<input type="checkbox"/>					
Revised Construction Value:	\$			Permit fee: \$			

