

# BUILDING PERMIT APPLICATION

Date: \_\_\_\_\_

*Please print*

Site Address (if assigned): \_\_\_\_\_  
 Legal Description: \_\_\_\_\_  
 Construction Value: \_\_\_\_\_

## Permit Information

Permit Type	Description
<input type="checkbox"/> Single Family Dwelling	<input type="checkbox"/> New Construction
<input type="checkbox"/> Two Family Dwelling	<input type="checkbox"/> Addition
<input type="checkbox"/> Manufactured/Mobile Home	<input type="checkbox"/> Alteration/Renovation*
<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Leasehold Improvements
<input type="checkbox"/> Multi-Family Residential	<input type="checkbox"/> Demolition
<input type="checkbox"/> Commercial	<input type="checkbox"/> Garage/Carport
<input type="checkbox"/> Industrial	<input type="checkbox"/> Occupant Load
<input type="checkbox"/> Public	<input type="checkbox"/> Other: _____

*\*All Alteration/Renovation applications for buildings constructed prior to 1990 must be accompanied by a "Hazardous Materials Report"*

Description of Project: \_\_\_\_\_  
*Please be as specific as possible*

Description of Business: \_\_\_\_\_  
*Applies to non-residential applications (i.e. restaurant, accounting offices etc.)*

## Contact Information

**Applicant** Name: \_\_\_\_\_  
*If the applicant is other than the property owner, attach a completed Agent Authorization form*  
 Address: \_\_\_\_\_  
*house number/street city province postal code*  
 e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Property Owner** Name: \_\_\_\_\_  
*name or business name (if applicable, including contact person)*  
 Address: \_\_\_\_\_  
*house number/street city province postal code*  
 e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Builder** Name: \_\_\_\_\_  
*The builder must hold a valid North Cowichan Business Licence*  
 Address: \_\_\_\_\_  
*house number/street city province postal code*  
 e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**I hereby confirm that the information supplied in support of this application is true and correct:**

\_\_\_\_\_  
*Owner or Agent's Name - Signature or Typed*

Personal information is collected by the Municipality of North Cowichan under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act* and North Cowichan's Building Bylaw for the purpose of administering a building permit. Should you have any questions about the collection of this personal information, please contact the Deputy Director of Corporate Services, 250-746-3100, 7030 Trans-Canada Highway, Duncan, BC, V9L 6A1 or [foi@northcowichan.ca](mailto:foi@northcowichan.ca)

*Internal use*  
 Folder #: \_\_\_\_\_

*Please print form*