

## Alberni-Clayoquot Regional District BUILDING PERMIT APPLICATION

The following information is required at the time of application. If all applicable items listed below are not attached, the permit application will not be accepted for processing.

- One (1) completed Building Permit Application.
- Two (2) sets of plans that include foundation layout and details, floor plan and point loads, roof plan and point loads, cross sections, and north/south/east/west elevation drawings.
- One (1) site plan showing the location of the proposed structure, as well as any existing structures, on the property. Note: any structure within 20 feet of a given setback will require a registered BC Land Survey.
- When applicable, we require proof that a sewage disposal system design has been filed with the required Health Authority, as required by the Health Act.
   This is not required if the property is serviced by a community sewage system or if you are building an accessory building with no sewage facilities.
- When applicable, we require one (1) notarized Homeowner Protection form.
   Forms and instructions can be obtained from the Homeowner Protection
   Office by calling 1-800-407-7757 or by email at <a href="mailto:hpo@hpo.bc.ca">hpo@hpo.bc.ca</a>. The website is <a href="https://www.hpo.bc.ca">www.hpo.bc.ca</a>.

## INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.



### Alberni-Clayoquot Regional District BUILDING PERMIT APPLICATION

Name:			
Mailing Address:			
City/Town:			
Province/State:			
Postal/Zip Code:			
Phone #:			
Alternate Phone #:			
Email Address:			
ent/Contractor Co	ntact Information (if ap	plicable):	
Name:			
Mailing Address:			
City/Town:			
Province/State:			
Postal/Zip Code:			
Phone #:			
Alternate Phone #:			
Email Address:			
	ormation (if applicable)		
	ormation (if applicable)		
chitect Contact Inf	ormation (if applicable)	:	
chitect Contact Inf Name:	ormation (if applicable)	;	
chitect Contact Inf Name: Mailing Address:	ormation (if applicable)		
chitect Contact Inf Name: Mailing Address: City/Town:	ormation (if applicable)		
Chitect Contact Inf Name: Mailing Address: City/Town: Province/State:	ormation (if applicable)		
Chitect Contact Inf Name: Mailing Address: City/Town: Province/State: Postal/Zip Code:			
Chitect Contact Inf Name: Mailing Address: City/Town: Province/State: Postal/Zip Code: Phone #:	1:		

Main Floor:

Estimated Square Footage | Basement:

2<sup>nd</sup> Floor:



## Alberni-Clayoquot Regional District BUILDING PERMIT APPLICATION

#### **Construction Information (continued):**

Construction informat	ion (continued).			
Type of Building (i.e., ho	me, shop, storage shed, barn, e	etc.):		
Type of Construction (i.e.,	new, renovations, foundation,	etc):		
Dimensions o	f Building (Width x Depth x Heiફ	ght):		
Footing Dimensions (Widt	n x Depth):		Depth of Foundation:	
Size of Girders under Main	Floor:			
Size of Joists under	1 <sup>st</sup> Floor:	2 <sup>nd</sup>	Floor:	3 <sup>rd</sup> Floor:
Building Materials:				
Foundation Walls:				
Foundation Footings:				
Exterior Wall Finish:				
Interior Wall Finish:				
Interior Ceiling Finish:				
Roofing Material:				
Roof Type (i.e., flat, gable,	peak, mansard, dome, etc.):			
Comments:				
I/we agree that the information a building permit may be used powers or the performance of consideration of the granting Clayoquot, its board member judgements, losses, damages my/our respective heirs, succeptanting of this permit or any Regional District of Alberni-Clayoquot	Agreement, Release on in this application or gathered by the Regional District of Alberrof its duties including enforcement of a building permit, I/we agree to es, employees and agents from and essors, expenses of whatever kind essors, administrators or assignee inspection, failure to inspect, certically and under the series of the seri	oy the ni-Clay of Re o relead Hagain whic s may ification ish Co pect co	Regional District of Alberni roquot for any purpose con gional District of Alberni-Cla ase and indemnify the Regionst all liability, demands, cla h I/we or any other person, have or incur in consequer on, approval, enforcement, olumbia Building Code and I of these matters.	-Clayoquot in connection with nected with the exercise of its ayoquot bylaws. In onal District of Alberniims of action, suits, partnership or corporation or nee of or incidental to the or failure to enforce the
Signature of Applicant			Date	



## Alberni-Clayoquot Regional District Building Permit Application RESPONSIBILITY OF OWNER

Neither the granting of a Building Permit, nor the approval of the relevant drawings and specifications, nor inspections made by the authority having jurisdiction, shall in any way relieve the registered property owner(s) from full responsibility for carrying out the work, or having the work carried out, in full accordance with the requirements of the British Columbia Building Code.

When the applicant is someone other than the registered owner(s) of the property on which the construction is to be undertaken, the Building Permit Application shall be accompanied by this statement, signed by the owner(s) as follows:

l/we,	, trie	registered owner(s) of
Name(s) o	of Owner(s) – Please Print	, ,
		hereby
Civic or Leç	gal Address of Property – Please Print	
authorize		as
	Name of Agent – Please Print	
registered owner(s), I/we	or a Permit to undertake construction on my per understand and agree that I/we am/are reset out according to law and in compliance wi	sponsible to ensure that



# Alberni-Clayoquot Regional District Building Permit Application AGENCY CONTACT INFORMATION

AGENCY	CONTACT NAME, TITLE	MAILING ADDRESS	EMAIL ADDRESS, WEBSITE	CONTACT #'S
BC Assessment Authority	Central Vancouver Island Office	300 – 125 Wallace Street Nanaimo, BC V9R 5B2	centralvanisl@bcassessment.ca www.bcassessment.ca	(250) 753-6621 office 1-800-977-2771 toll free
BC Safety Authority	Gas and Electrical Inspectors	Suite 40 1100 Princess Royal Ave Nanaimo, BC V9R 5E8	www.safetyauthority.ca	(250) 716-5200 office 1-866-566-7233 (New Westminster toll free)
Bamfield Water System	Richard Zoet		r_zoet@telus.net	(250) 728-3301 (250) 720-8400 pager
Beaver Creek Improvement District		6038B Beaver Creek Rd Port Alberni, BC V9M 8X4	www.beavercreekwater.ca info@beavercreekwater.ca	(250) 723-9371 office
Cherry Creek Waterworks District		5920 Cherry Creek Road Port Alberni, BC V9Y 7L6	ccww@shaw.ca	(250) 723-2211 office
Emcon Services Inc.	Oliver Watson, Superintendant - Area 2	1435 Springhill Road Parksville, BC V9P 2T2	oliver_watson@emconservices.org www.emconservices.org	(250) 248-6212 office
Emcon Services Inc.	Craig Peterson, Road Foreman	4900 Maebelle Road Port Alberni, BC V9Y 7L6	no email address www.emconservices.org	(250) 724-6996
Ministry of Transportation and Infrastructure	Cindy Wells, Area Manager – Roads	3 <sup>rd</sup> Floor 2100 Labieux Road Nanaimo, BC V9T 6E9	cindy.5.wells@gov.bc.ca www.gov.bc.ca/tran	(250) 713-4404 cell (250) 751-3275 office 1-866-377-0177 toll free
North Island Laboratories	Water Testing	2755-B Moray Avenue Courtenay, BC V9N 8M9	nilabs@telus.net http://www.nilabs.com/	(250) 338-7786 office 1-877-533-3313 office
Service BC	Jim Spalding, Government Agent	4070 – 8 <sup>th</sup> Avenue Port Alberni, BC V9Y 4S4	james.spalding@gov.bc.ca www.servicebc.gov.bc.ca	(250) 720-2040 office
Vancouver Island Health Authority	Glenn Gibson, Health Inspector	PO Box 1210 249 West Hirst Avenue Parksville, BC V9P 2H2	glen.gibson@viha.ca www.viha.ca	(250) 947-8222 office

#### **REGISTERED ONSITE WASTEWATER PRACTITIONERS**

http://wastewater.asttbc.org/c/documents/ROWPListing 020.pdf

Craig Bowerman	(250) 723-8775
Tim Cisaroski	(250) 724-6771
Rod Dyck (Bamfield)	(250) 728-1223
Denis Francoeur	(250) 724-1789
Tobin Laughlin	(250) 897-1661 or 1-877-898-7625 toll free
Brent Van Vliet	(250) 724-6762

The Registered Onsite Wastewater Practitioners listed above are local only. Visit the website for a full list of Planners, Installers, Maintenance Providers and Private Inspectors for Residential and Commercial projects in all areas.