

BUILDING DEPARTMENT PERMIT APPLICATION

Location of Work							
Municipal Address: Place							
Legal Description:					Stamp		
Here							
Folio:							
Description of Work							
Estimated Va				Gross Floor Area	:		
Applicant /	Name						
Agent:		Mailing Address			Postal Code		
	Phone No	Cell No	Fax N	0	Email Address		
Property	Name						
Owner:	Mailing Address				Postal Code		
	Phone No	Cell No	Fax N	0	Email Address		
	Name						
Contractor:	Mailing Address				Postal Code		
	Phone No	Cell No	Fax N	0	Email Address		
Designary	Name						
Designer:	Phone No	Cell No	Fax N	0	Email Address		
Plumber:	Name		Phone	No	TQ Number		
	Name				Phone No		
Heating	Gas Furnace Electric .		Fireplace: • Wood • Gas • Wood Burning Stove				
The undersigned hereby certifies that they have personal knowledge of the particulars contained in the foregoing statements and solemnly declare that such particulars are fully and truly stated to the best of their knowledge and belief knowing that the District of Hope will rely upon the said particulars.							
Where a profession	nal engineer or architect, registe	ered as such under provincial leg	gislation, h	as certified that the plans co	mply with the current BC Building Code and		
vicariously, for any	/ damage, loss or expense cau	sed or contributed to by an erro	r, omissior	n or other neglect in relation	suing this permit and is not liable, directly or to its approval of the plans submitted. The ed professional are not a guarantee that the		
					er, or his or her agent, from the responsibility rapplicable bylaws of the District.		
Dated this	day of	, 20,	at t	he District of Hope.			
SIGNATURE OF PROPERTY OWNER / AGENT PRINT NAME							
Non-refundable Deposit Paid: \$100.00 Receipt #							
Permit Number: Date Issued:							
Building Permit Fee \$ Plumbing Permit \$							
Building Peri	mit Fee \$		Plumb		\$		
Building Perr Less Deposit					\$ \$		
-	Paid \$ mit Owing \$_			ing Permit ay Access			
Less Deposit Building Perr Municipal De	Paid mit Owing \$ eposit	 	Highw	ing Permit ay Access	\$		
Less Deposit Building Perr Municipal De Water Conne	Paid mit Owing eposit \$_		Highw	ing Permit ay Access	\$		
Less Deposit Building Perr Municipal De Water Conne Sanitary Con	Paid \$		Highw Title S	ing Permit ay Access earch	\$ \$ \$ \$ \$		
Less Deposit Building Perr Municipal De Water Conne Sanitary Con Storm Conne	Paid \$		Highw Title S Balanc	ing Permit ay Access earch ce Owing	\$		

DISTRICT OF HOPE SIGN BYLAW Schedule "A"

APPLICATION FOR A SIGN PERMIT

	Date:
1.	Name of Applicant:
	Phone No:
2.	Name of Property Owner:
	Address:
	Phone No:
3.	Name of Business/Occupant:
	Address:
	Phone No:
4.	Name of Sign Company:
	Address:
	Phone No:
5.	Location of Sign:
	Civic Address:
	Legal Description:
6.	Type of Sign:
	Description of Copy:

7.	Sign Area:				
	Sign Dimensions:				
	Height:				
	Clearance:				
	Weight:				
8.	Projection from Building:				
	Projection over Public Property:				
9.	Drawings Attached: Site Plan Attached:				
10.	Value of Sign (including installation):				
11.	Permit Fee:				
Signa	ture of Applicant	Signature of Property Owner			

(FOR OFFICE USE ONLY)

Received By: _____

Approved By: _____

Permit No.:

Date: _____