



Community Services
Development Services

**Outright Development/Building Permit
APPLICATION FORM**

1 & 2 Family Dwellings, 1 Family Dwelling
with Secondary Suite and Laneway Houses
(New Construction, Additions or Renovations to Existing Homes)

FOR OFFICE USE ONLY Project Coordinator: _____ Comments: _____ _____	Date: _____ Start: _____ CRT: _____ Application Reviewed by: _____
---	---

COMPLETE AND ACCURATE APPLICATIONS WILL GREATLY REDUCE THE PROCESSING TIME. PLEASE TYPE or PRINT CLEARLY.

THIS APPLICATION CONCERNS: ONE FAMILY DWELLING TWO FAMILY DWELLING SECONDARY SUITE LANEWAY HOUSE

EXISTING PROPERTY ADDRESS(ES) _____ LOT SIZE _____

NEW ADDRESS(ES) REQUESTED: _____ TAX COORDINATE # _____

LEGAL DESCRIPTION: LOT _____ SUBDIVISION _____ BLOCK _____ DISTRICT LOT _____ PLAN _____

PLEASE READ CAREFULLY AND FILL OUT ACCURATELY

Is the owner aware of this application? Yes No

Is there a related development permit? Yes, DP # _____ No

Is there a Board of Variance appeal involved? Yes, Appeal # Z _____ No

Is there a minor amendment to a development permit? Yes, DP # _____ MA# _____ No

Does this site have an existing driveway from a street? Yes No

If yes, are you retaining this driveway for the new development? Yes No

Are you proposing a new driveway from the street? Yes No

Is the lane adjoining this site 15 ft. wide or less? Yes No

Width of lane(s) adjoining your property is / are? _____

Is the lane adjoining this site physically opened for use? Yes No

Is this lot registered in Land Titles? Yes No Is this a new subdivision? Yes No

Applicant's Name: _____ Business Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: (Bus.) _____ (Home) _____ Business Licence Account # _____

Email address: _____

Applicant is: 01 Owner 05 Tenant 09 Non-Profit Organization (N.P.O.# _____)

 02 Contractor 06 Agent for Owner 10 Civic Department

 03 Certified Professional 07 Agent for Tenant 12 Coordinating Professional

 04 Design Professional 08 Consultant 98 Other _____

Property Owner's Name: _____ Contact Person: _____

Address: _____ City: _____ Postal Code: _____

Telephone: (Bus.) _____ (Home) _____ Business Licence Account # _____

Constructor's / Contractor's Name: _____

Address: _____ City: _____ Postal Code: _____

Telephone: (Bus.) _____ (Home) _____ Business Licence Account # _____

Demolition Contractor's Name / Additional Contact is: _____

Address: _____ City: _____ Postal Code: _____

Telephone: (Bus.) _____ (Home) _____ Business Licence Account # _____

(Note: The Demolition Contractor will be informed that his/her name has been listed on the permit.)

Description of Proposed Work: _____ Invoice #: _____ Est. Cost of Work: _____

Check Applicable:

Demolition - Conventional Alterations - Interior Raise Building Alter Grades Fire Repairs Construct a New Accessory Building

Demolition - Deconstruction Alterations - Exterior Additions Conversion Swimming Pool

Construct New Building

Describe in your own words the nature and location of work and any relaxations you are requesting:

Will any of the following trade work be done?

Drain Tile Electrical Plumbing Piping or Fixtures Sprinkler System Gas Lines or Appliances Air Conditioning Unit

Living Accommodation: Is this an existing residential 'rental' building? Yes No

EXISTING: Dwelling Units _____ Housekeeping Units _____ Sleeping Units _____ PROPOSED: Dwelling Units _____

"As owner or owner's agent, I have verified that the information contained within this document and associated applications and plans is correct, and describes a use, a building or a work which complies with all relevant by-laws and statutes. I understand that personal information contained in this form will not be released to the public except as required by law; however, all associated applications and plans will be made publicly available during the development or building application process. I acknowledge that responsibility for by-law compliance rests with the owner and the owner's employees, agents and contractors. I will indemnify and save harmless the City of Vancouver, its officials, employees and agents against all claims, liabilities and expenses of every kind, in respect to anything done or not done pursuant to this application or fact sheet or ensuing permit, including negligence and/or the failure to observe all by-laws, acts or regulations.

THIS _____ DAY OF _____, 20____ SIGNATURE OF APPLICANT _____

FOR OFFICE USE ONLY

Assigned Application Number: _____

Estimated Cost of Work as per Marshall Evaluation: \$ _____

Verified by: _____ Date: _____

Patio Slab Elev.: _____ Basement Slab Elev. or 1st Floor Elev.: _____ Garage Elev.: _____ Width: _____

For Engineering Clearances, Please Visit the Client Service Centre
at 507 W Broadway, 5th Floor.

The Applicant is responsible for obtaining Engineering clearances before issuance of a combined Development/Building Permit. The following approvals MAY be required.	Engineering Department Review	
	Comments	Engineering Clearances by (initials)
Street Use Permit		
Damage Deposit		
Sewer Connection Fees*		
Water Connection Fees		
Crossing (driveway)		
Street Tree Location/Removal**		
Utility Locations (including outside utility companies)		

- * A sewer connection may be required for any of the following work:
- new building
 - new foundation
 - extensive renovation / additions - please refer to Plumbing By-law No. 5964, Section 8.19 (latest amendments) and refer to the Sewer Department for verification of the sewer connection requirements.

** Driveway relocation or redesign will be pursued in lieu of any tree removal.

Notes:

1. Applicant must be prepared to pay all prescribed fees at time of application, i.e., Building, Development, Temporary Crossing Permits and Sewer Connections.
2. Contractors must have a business licence to do work in the City of Vancouver.
3. When Building Grades are required, submit the building grade drawings with the application (obtained from the Engineering Department).
4. All plan approval is final. Any change to plans or permit is subject to a fee for processing.

FEES

INVOICE NUMBER _____ AMOUNT \$ _____

* Please note that if you are attending the Engineering Department after 4:00 p.m., you may not be able to complete processing until the following working day.