

**CERTIFIED PROFESSIONAL BUILDING PERMIT APPLICATION FORM**

Please fill out **BOTH** sides of this information sheet prior to submission.

**JOB LOCATION** (Correct and complete addressing is important. Complete this section carefully.)

Address: \_\_\_\_\_ Specifics: \_\_\_\_\_

Floor Level: \_\_\_\_\_ Suite Number: \_\_\_\_\_

Legal Description: \_\_\_\_\_

Lot(s) \_\_\_\_\_ Block(s) \_\_\_\_\_ District Lot(s) \_\_\_\_\_ Plan Number(s) \_\_\_\_\_

Are you aware of the presence of any contaminated soils on the property?  Yes  No

Are you aware of the existence of any contaminated soils studies, reports, soil agreements, or Ministry of Environment orders or letters with respect to the subject property?  Yes  No

**Certified Professionals must be the designated online POSSE contact for this process stream.**

CP Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Business License/Account: \_\_\_\_\_

**Note: Contractors/design professionals/consultants MUST have a valid Business License to do work in the City of Vancouver.**

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**Registered Property Owner's Name :** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**City/Province//:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Authorized Agent For Owner** (if applicable): \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

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**Tenant's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Is the owner aware of this application?**  Yes  No **Email:** \_\_\_\_\_

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**Contractor Name (if available):** \_\_\_\_\_

**Business Name** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Business License Account Number:** \_\_\_\_\_

<b>This application is to: (Check applicable box)</b> <input type="checkbox"/> Construct a new building(s) <b>Staged Implementation</b> <input type="checkbox"/> Alter the interior/exterior <input type="checkbox"/> Interior/exterior alterations and change of use <input type="checkbox"/> Project / Site Permit <input type="checkbox"/> Excavate - valid for project address et al. Other: _____	Is this an existing Strata Property? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Is this a new tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No
	What is the existing use? _____
	What is the proposed use? _____
	How many storeys? _____
	How many levels of underground parking? _____
How many <u>new</u> rooftop units? _____	
Is this a consolidation / demise of units or suites <input type="checkbox"/> yes <input type="checkbox"/> No	

Complete Carefully. Your Application will be based on your written description.

Describe work to be done (including proposed uses):


<b>What is the value of the work proposed? (Include cost of plans, material, labour and sales taxes)</b> \$ _____	
Will any of the following be altered/repaired/installed? <input type="checkbox"/> Electrical <input type="checkbox"/> Gas <input type="checkbox"/> Drain Tile <input type="checkbox"/> Plumbing <input type="checkbox"/> Sprinkler <input type="checkbox"/> Fire Alarm Sprinkler Contractor's Name: _____	
<b>Complete the following for all residential buildings</b>	
	Existing    Proposed
Total number of dwelling units:	_____
Total number of housekeeping units:	_____
Total number of sleeping units:	_____
<b>Complete the following related permit information</b>	
Development Permit/Application No. DE/DP	_____
Minor Amendment Number DE / MA	_____
Building Permit / Application Number BU/BP	_____
Board of Variance Appeal Number	Z _____
Combined Permit Application Number	DB _____

<b>Office Use Only`</b>          	
<b>Office Use Only</b>	<b>Invoice #</b>
BU _____	_____
DE _____	_____
<b>Office Use Only</b>	
BU _____	\$ _____ .
DE _____	_____ .
DT _____	_____ .
BG _____	_____ .
SUBTOTAL _____	_____ .
SP _____	_____ .
TOTAL _____	_____ .

**Indemnity Statement MUST be signed by registered Owner Or Authorized Agent for the Owner**

I HEREBY AGREE THAT THE OWNER WILL COMPLY WITH ALL BY-LAWS OF THE CITY OF VANCOUVER AND ALL OTHER STATUTES AND REGULATIONS IN FORCE IN THE CITY OF VANCOUVER RELATING TO THE WORK, UNDERTAKING OR PERMISSION IN RESPECT OF WHICH THIS APPLICATION IS MADE AND THAT THE OWNER WILL INDEMNIFY AND SAVE HARMLESS THE CITY OF VANCOUVER, ITS OFFICIALS , EMPLOYEES AND AGENTS FROM ALL CLAIMS, LIABILITIES, JUDGMENTS COSTS OR EXPENSES OF EVERY KIND, INCLUDING NEGLIGENCE, IN RESPECT OF ANYTHING DONE OR NOT DONE IN CONSEQUENCE OF ANY PERMISSION, PERMIT OR LICENSE ISSUED AS A RESULT OF THE APPLICATION OR THE FAILURE TO OBSERVE COMPLETELY ALL BY-LAWS, ACTS AND REGULATIONS RELATING TO ANY WORK OR UNDERTAKING IN RESPECT OF WHICH THIS APPLICATION IS MADE.

SIGNED AT VANCOUVER, B.C. THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Print Legal Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Country \_\_\_\_\_

Postal Code \_\_\_\_\_