



PLANNING AND DEVELOPMENT SERVICES
 Mailing Address:
 453 West 12th Avenue, Vancouver BC V5Y 1V4
 tel: 604.873.7611

Development and / or Building Application Form

To help expedite submission of your application, please fill out BOTH sides of this information sheet prior to attending the Application Preview counter located in the Development and Building Services Centre, Ground Floor, 515 West 10th Avenue (West Annex, City Hall).

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

Address: _____ Specifics: _____

Floor Level: _____ Suite No: _____

Legal Description:

Lot(s) _____ Block(s) _____ District Lot(s) _____ Plan Number(s) _____

Are you aware of the presence of any contaminated soils on the subject 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

Is the building being converted to strata-title ownership? Yes No

Note: If you intend to convert an existing building to strata title ownership, please contact Subdivision and Strata Title staff at 604.871.6627 for information on the strata conversion process in advance of the issuance of any permits.

This area must be completed by the person signing the application form

Your Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

Company Name: _____

Business License *Account* Number: _____

You are the:

01 Property Owner
 02 Contractor
 03 Certified Professional
 04 Design Professional
 05 Tenant
 06 Agent for Owner
 07 Agent for Tenant
 08 Consultant
 09 Non-profit Association
 Cert. No: _____
 10 Civic Department
 98 Other

Note: Contractors/design professionals/consultants MUST have a valid Business License to do work in the City of Vancouver. You may obtain current business license account numbers from the Business License Counter.

Complete the following for ALL applications

| | | |
|--|----------------------------------|--------------|
| Property Owner's Name: | | |
| Address: | City: | |
| Postal Code: | Phone Number: | |
| Is the owner aware of this application? Yes No | | |
| Contractor's Name: | | |
| Address: | City: | |
| Postal Code: | Phone Number: | |
| Business License Account Number: | | |
| Tenant's Name: | | |
| Address: | City: | |
| Postal Code: | Phone Number: | |
| Job Contact: | | |
| Address: | City: | |
| Postal Code: | Phone Number: | |
| Qualified Professional Contact Name (required for Salvage & Abatement): | | |
| Address: | City: | Postal Code: |
| Phone Number: | Business License Account Number: | |

| | |
|--|---|
| <p>This application is to: (Check applicable boxes)</p> <p>001 <input type="checkbox"/> Construct a new building(s)</p> <p>002 <input type="checkbox"/> Add to an existing building</p> <p>003 <input type="checkbox"/> Alter the interior/exterior</p> <p>004 <input type="checkbox"/> Add to a building and alter the existing portion</p> <p>005 <input type="checkbox"/> Add to a building and change the use</p> <p>006 <input type="checkbox"/> Add to the building, alter existing portion and change use</p> <p>007 <input type="checkbox"/> Interior/exterior alterations and change of use</p> <p>008 <input type="checkbox"/> Enclose an area of an existing building (balcony enclosures)</p> <p>011 <input type="checkbox"/> Project/Site Permit</p> <p>014 <input type="checkbox"/> Change of use</p> <p>015 <input type="checkbox"/> Retain use</p> <p>016 <input type="checkbox"/> Alter grade (raise or lower grade)</p> <p>022 <input type="checkbox"/> Alterations to legalize a suite</p> <p>023 <input type="checkbox"/> Alterations for a new suite</p> <p>026 <input type="checkbox"/> Demolish</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Commercial <input type="checkbox"/> Fire damaged building <input type="checkbox"/> Non-rental one-family dwelling <input type="checkbox"/> Heritage building <input type="checkbox"/> Residential rental building </p> <p>028 <input type="checkbox"/> Temporary tents</p> <p>030 <input type="checkbox"/> Construct a garage/carport</p> <p>031 <input type="checkbox"/> Add/alter/demo garage/carport</p> <p>038 <input type="checkbox"/> Construct partial - framing, etc.</p> <p>040 <input type="checkbox"/> Excavate - valid for project address et al.</p> <p>041 <input type="checkbox"/> Move building from another site</p> <p>042 <input type="checkbox"/> Move building on the same site</p> <p>043 <input type="checkbox"/> Install a pool, fence, tennis court, boat ramp, sign, or similar</p> <p>044 <input type="checkbox"/> Upgrade seismic and/or sprinkler</p> <p>045 <input type="checkbox"/> Mechanical kitchen exhaust, roof top unit, satellite dish</p> <p>046 <input type="checkbox"/> Prefabricated structure placed on site</p> <p>047 <input type="checkbox"/> Fire damage repair</p> <p>048 <input type="checkbox"/> Flood damage repair</p> <p>050 <input type="checkbox"/> Landscape only</p> <p>053 <input type="checkbox"/> Building envelope repair</p> | <p>Is this a new tenant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What is the existing use? _____</p> <p>What is the proposed use? _____</p> <p>How many storeys? _____</p> <p>How many levels of underground parking? _____</p> <p>How many <u>new</u> rooftop units? _____</p> <p>Describe work to be done:</p> <p>(Complete carefully, Your application will be based on your written description.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|---|

What is the value of the work proposed? (Include cost of plans, material and labour)

\$ _____

Will any of the following be altered/repaired/installed?
Select all that apply:

Electrical Gas Drain Tile
 Plumbing Sprinkler Fire Alarm

Sprinkler Contractor's Name: _____

Note: If the sprinkler contractor noted on this application changes, please notify the City of Vancouver in writing within 24 hours.

Special Sprinkler Inspection Number SP _____

Complete the following for all residential buildings

| | Existing | Proposed |
|-------------------------------------|----------|----------|
| Total number of dwelling units: | _____ | _____ |
| Total number of housekeeping units: | _____ | _____ |
| Total number of sleeping units: | _____ | _____ |

Complete the following related permit information

Development Permit/Application Number DE _____

Minor Amendment Number DE _____

Building Permit/Application Number BU _____

Board of Variance Appeal Number Z _____

Combined Permit Application Number DB _____

Office Use Only

| | |
|------------------------|------------------|
| Office Use Only | Invoice # |
| BU _____ | |
| DE _____ | |

Office Use Only

BU (WWOP?) _____

DE _____

DT _____

BG _____ f/m _____

ENV. PROT. Site Profile _____

SUBTOTAL _____

SP _____

TOTAL _____

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.

SIGNED AT VANCOUVER, B.C. THIS _____ DAY OF _____ 20 _____

SIGNATURE OF APPLICANT _____