



# Building Permit Application

## 1 Project Information

Date (mm/dd/yyyy)	Zoning	Folder number	Legal description
Site address			
<input type="checkbox"/> Single Family Dwelling <input type="checkbox"/> SFD with Sec Suite <input type="checkbox"/> Secondary Suite <input type="checkbox"/> Basement Finish <input type="checkbox"/> Plumbing* <input type="checkbox"/> Accessory <input type="checkbox"/> Addition / Alteration* <input type="checkbox"/> Demolition / Removal* <input type="checkbox"/> Agricultural	<input type="checkbox"/> Services <input type="checkbox"/> Mobile Home / Temporary Accessory* <input type="checkbox"/> Pool / Hot Tub* <input type="checkbox"/> Change of Owner / Use* <input type="checkbox"/> Storm / Sanitary <input type="checkbox"/> Sprinklers/Irrigation <input type="checkbox"/> Tenant Imp \$ _____	<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Multi-family	Value \$ _____ Pre-application meeting date _____ Inspector _____

\*Additional information required (please see reverse).

Project Description
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Applicant name			
Address		City	Postal code
Phone	Fax	Email	

Owner name			
Address		City	Postal code
Phone	Fax	Email	

Builder name		Business license number	Expiry date
Address		City	Postal code
Phone	Fax	Email	

<b>Heating fuel</b>	<input type="checkbox"/> Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Geothermal (P.Eng required)	<input type="checkbox"/> Other
<b>Heating type</b>	<input type="checkbox"/> Forced air	<input type="checkbox"/> Hot water	<input type="checkbox"/> In / Under slab	<input type="checkbox"/> Heat pump (location)
<b>Storm system</b>	<input type="checkbox"/> Municipal connection	<input type="checkbox"/> Surface (daylight / ditch / watercourse)	<input type="checkbox"/> Rock pit - Restrictive Covenant required	
<b>Sanitary system</b>	<input type="checkbox"/> Municipal connection	<input type="checkbox"/> Septic (gravity / forced pumped line)	<input type="checkbox"/> Septic (lift pump) Restrictive Covenant required	

## 2 Project Details

### A Addition / Alteration, Demolition / Removal

Existing building constructed prior to 1990?  Yes  No

I have read and acknowledged the following: "If this building permit application involves a building constructed prior to 1990, I the applicant am aware that a Hazardous Material Survey may be required to be completed and a Notice of Project submitted to WorkSafe BC to ensure the home is safe for Township staff to enter."

\_\_\_\_\_  
Owner's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

### B Pool / Hot Tub

Value of work	<b>Pool</b>	<b>Hot tub</b>	<b>Deck</b>	<b>Gazebo</b>
	<input type="checkbox"/> Inground <input type="checkbox"/> Above ground <input type="checkbox"/> Concrete	<input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> Vinyl lined	<input type="checkbox"/> Inground <input type="checkbox"/> Above ground <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered	<input type="checkbox"/> Over 2' above grade <input type="checkbox"/> Covered <input type="checkbox"/> Uncovered <input type="checkbox"/> Not applicable

### C Mobile Home / Temporary Accessory

Contract price		<b>Standard</b>	<b>Addition</b>		
New _____		<input type="checkbox"/> CSA A277-M1990	<input type="checkbox"/> Not applicable		
Used _____		<input type="checkbox"/> CAN/CSA Z240 MH Series-M86	<input type="checkbox"/> To be constructed on site (plans required)		
		<input type="checkbox"/> CSA Z240	<input type="checkbox"/> Factory built		
Year	Make	Model	Serial number	CSA number	Size
Registration number	Occupant		Relationship		Phone

### D Plumbing

Number of fixtures	_____ Water closet	_____ Wash basin	_____ Kitchen sink	_____ Bar sink	_____ Shower heads
	_____ Bathtub	_____ Laundry tray	_____ Floor drain	_____ Roof drain	_____ Backflow
	_____ Auto wash	_____ Hot water tank	_____ Urinal	_____ Shower	_____ Other

## 3 Change of Ownership

A Freehold Transfer or Title Search is required (no older than 30 days).

Schedules & sealed drawings from Engineer  New received  Letter from Engineer noting change of owner

Yes  No Construction is underway

Yes  No HPO form in new owner / builder's name

Yes  No Letter from Previous owner authorizing use of drawings

Yes  No Cheque enclosed for bonds (damage / siltation / security)

Yes  No Letter authorizing transfer of bond to new owner

## 4 Signature

I hereby confirm that the information supplied in support of this application is true and correct.

\_\_\_\_\_  
Applicant / Owner / Agent's signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Company name

\_\_\_\_\_  
Phone

Any personal information collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Supervisor, Information, Privacy, and Records Management, Township of Langley, 20338 – 65 Avenue, Langley, BC V2Y 3J1 [foi@tol.ca](mailto:foi@tol.ca) 604.532.7396