

District of Saanich
 770 Vernon Avenue
 Victoria BC V8X 2W7
 t. 250-475-5457
 f. 250-475-5418
 Inspections@saanich.ca

Application for Residential Building Permit

District of Saanich – Inspection Services

SINGLE FAMILY DWELLING, GARDEN SUITE, HOUSEPLEX OR
 ACCESSORY BUILDING



*Please complete this when applying for a New Build, Addition, Renovation, Demolition, and Deck
 (remember to also complete the applicable Project Checklist).*

NOTE: All data fields must be completed (indicate N/A where item does not apply)

Civic Address: _____

Lot: _____ **Block:** _____ **Plan:** _____ **Value of Construction:** _____

Project Description: _____ **Zone:** _____

Owner

| | | |
|----------|-------|-------------|
| Name (s) | | |
| Address | City | Postal Code |
| Email | Phone | Cell |

Agent for Owner

| | | |
|----------|-------|--------------|
| Name (s) | | Company Name |
| Address | City | Postal Code |
| Email | Phone | Cell |

Owner (s) Signature Required – As the registered owner (s), I appoint the above person (s) as agent to apply for and obtain the permit for the above address.

Architect/Designer

| | | |
|----------|-------|--------------|
| Name (s) | | Company Name |
| Address | City | Postal Code |
| Email | Phone | Cell |

Contractor

| | | |
|----------|-------|--------------|
| Name (s) | | Company Name |
| Address | City | Postal Code |
| Email | Phone | Cell |

Inspection Notices are emailed to either the owner, contractor, or agent - **only ONE contact will receive the notices.**
 Please select who will be designated as this contact: Owner Contractor Agent

Owner or Owner's Agent Signature _____ **Print Name** _____ **Date** _____

This collection of personal information is authorized under the Local Government Act, Community Charter and section 26(c) of the Freedom of Information and Protection of Privacy Act. The information will be used for administering this permit, which may include sharing your contact information with WorkSafeBC. Questions can be directed to the District's Privacy Officer at 770 Vernon Avenue, Victoria BC V8X 2W7 t. 250-475-1775, e. foi@saanich.ca

| | | | | | | |
|--|--|--------------------------|---------------------------|--|--|--|
| Inspections Department Only | Date/Time Received: _____ | | Received By: _____ | | Application Fee | |
| | ISD File: _____ | Folder No.: _____ | | | <input type="checkbox"/> Cash / Debit | <input type="checkbox"/> Cheque |
| | Comments checked in Tempest Land <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Outstanding/incomplete BLD/BOV/Calls for Service | | PC Notes |
| | Applicant Advised of Comments <input type="checkbox"/> Yes (Circle Applicable) (FIDP, SDPA, ARCH, ALR, HERITAGE) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | | | | | | |