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





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:			
Project Description:			
Zone: Va	lue of Construction: \$		
	nin 30 days, including copies of all encumbran		
Owner			
Name (s)			
Address	Cit	у	Postal Code
Email	Ph	one	Cell
Agent for Owner			
Name (s)	Co	mpany Name	
Address	Cit	у	Postal Code
Email	Ph	one	Cell
Architect/Designer			
Name (s)	Co	mpany Name	
Address	Cit	у	Postal Code
Email	Ph	one	Cell
Contractor			
Name (s)	Co	mpany Name	
Address	Cit	у	Postal Code
Email	Ph	one	Cell
Inspection Notices are emailed to either	the owner, contractor, or agent - <b>only ONE co</b>	ntact will receive the notices.	
Please select who will be designated as	this contact: Owner Contractor	☐ Agent	
I/we,Owner (s) Full Na	, as the registered	d owner (s) of the above r	eferenced property, hereby
opoint,, as an agent on my behalf.			
Must be an indivi	dual		
Owner Signature	Print Name	Date	<del></del>