

Application for Commercial Building Permit

District of Saanich – Inspection Services
 COMMERCIAL, INSTITUTIONAL OR INDUSTRIAL PROPERTIES



NOTE: All data fields must be completed. Please put N/A in any field that does not apply to this permit.

Civic Address: _____

Lot: _____ **Block:** _____ **Plan:** _____ **Unit No:** _____

Project Description: _____

Include Business Name and Unit # - if applicable

Building Permit Requirements:

of Residential Units (If applicable): _____ **Value of Construction \$** _____

Five Sets of Plan Submitted: **Digital Submission:**

Plans Submitted Architectural Structural Mechanical Plumbing Fire Suppression Electrical

Archaeological Approval Received Yes N/A **Building Code Info Sheet** Yes N/A

Design Level Cross Connection Survey Yes N/A

Title Search Yes (current within 30 days, including copies of all encumbrances to which Saanich is party to) **Agent Authorization** Yes

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, Architect or Agent - **only one contact will receive the notices.**
 Please select who will be designated as this contact. Owner Architect 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:			Comments checked in Tempest Land <input type="checkbox"/> Yes <input type="checkbox"/> No Land Owner Checked <input type="checkbox"/> Yes		Related Prospero Folders DPR, REZ, SVS, BLC, PLM, LIQ, CAN <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A