

# BUILDING/PLUMBING PERMIT AGENCY AGREEMENT

Building Section - Development, Engineering, and Sustainability Department  
 105 Seymour Street, Kamloops, BC, V2C 2C6  
 P: 250-828-3554 | E: [building@kamloops.ca](mailto:building@kamloops.ca)


**Project Address(es):** \_\_\_\_\_

**The agent is authorized to:**

1. Apply for and obtain a building permit in respect of the land from the City of Kamloops under the provisions of Building Regulation Bylaw No. 11-84, 2025, and
2. Provide to the City as my agent all information and documents required by the bylaw for such an application.

**Agent Contact Information:**

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit/House/Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Please Print Name (agent):</b>	<b>Signature (agent):</b> 
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**Owner Responsibility:**

I/We accept and understand that during any construction, I/we have the overall responsibility for assuring the building conforms to the requirements of the Building Code. The process of assessing conformity to the requirements during construction is the responsibility of the registered professionals for complex (Part 3 BC Building Code) buildings and the designer/builder for standard (Part 9 BC Building Code) buildings.



I/we further understand that this authorization will remain in full force and effect until the permit expires, which is two (2) years after the permit has been issued OR until I/we notify the City of Kamloops in writing that it has been revoked. Person(s) wishing to extend the Agency Agreement must provide the request in writing to the Building Official.

If I am an owner of a partial ownership interest in a property, I hereby represent and warrant to the City of Kamloops that I am duly authorized by each owner who holds an interest in the property to sign this Building Permit Agency Agreement on their behalf.

A duly authorized registered owner or authorized signatory of the corporate owner must sign below.

**Property Owner Information:**

Company Name: \_\_\_\_\_  
 Contact Name 1: \_\_\_\_\_  
 Contact Name 2: \_\_\_\_\_  
 Address: \_\_\_\_\_  
Unit/House/Street City Province Postal Code  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Please Print Name (owner 1):</b>	<b>Signature (owner 1):</b> 
<b>Please Print Name (owner 2):</b>	<b>Signature (owner 2):</b> 

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