



CITY OF KAMLOOPS  
 BUILDING INSPECTION DIVISION  
 Phone: 250-828-3554 Fax: 250-828-3848

**APPLICATION FOR BUILDING PERMIT**

**\*\* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED \*\***

FOR OFFICE USE ONLY  
**FOLDER NUMBER:**

<b>LOCATION OF WORK</b>	CIVIC ADDRESS:	
<b>LEGAL DESCRIPTION</b>	LOT	PLAN
<b>REGISTERED OWNER</b>	NAME	PHONE
	ADDRESS	EMAIL
	CITY	POSTAL CODE
<b>GENERAL CONTRACTOR</b>	NAME	PHONE
	ADDRESS	EMAIL
	CITY	POSTAL CODE
	BUSINESS LICENCE NO.	HPO BUILDER LICENCE No.

<b>NUMBER OF DWELLING UNITS CREATED</b>		<b>CONSTRUCTION VALUE:</b> \$		
<input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> INSTITUTIONAL <input type="checkbox"/> INDUSTRIAL				
<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITION	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> SECONDARY SUITE	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> FOUNDATION	<input type="checkbox"/> DEMOLITION	<input type="checkbox"/> FIRE REPAIR	<input type="checkbox"/> SITE SERVICING	<input type="checkbox"/> RETAINING WALL
<input type="checkbox"/> EARTHWORK	<input type="checkbox"/> SWIMMING POOL	<input type="checkbox"/> SOLID FUEL APPL	<input type="checkbox"/> ACCESSORY	<input type="checkbox"/> SITING PERMIT
<b>BRIEF DESCRIPTION OF WORK:</b>				
TYPE OF HEATING SYSTEM				
<input type="checkbox"/> GAS FORCED AIR	<input type="checkbox"/> ELECTRIC	<input type="checkbox"/> RADIANT HEAT	<input type="checkbox"/> GEOTHERMAL	<input type="checkbox"/> OTHER
IF "OTHER" DESCRIBE:				

APPLICANT'S SIGNATURE: ***I agree to conform to all the by-laws of the City of Kamloops and all the statutes and regulations in force in the City of Kamloops and to save the City harmless from any action or cost whatsoever arising out of or incidental to the granting of this permit, if issued. I recognize that within the boundaries of the City of Kamloops there are areas of "problem soils" and that these are widely distributed as to location. I affirm that it is my responsibility as owner/agent to identify foundation conditions generally on which the intended construction is to be placed and take all action required to ensure the adequacy of the foundation.***

I HAVE READ AND UNDERSTAND ALL REQUIREMENTS OF THIS APPLICATION

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PRINT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

For Office Use Only	Required		Rec'd	Required		Rec'd
	Yes	NO		Yes	No	
Certificate of Title						Health Approval
Letter of Authorization						Residential Plans: 2 sets + 2 site plans
Encumbrances (Covenants SRWs, etc.)						Commercial Plans: 4 sets + 4 site plans
Letters of Assurance						Truss and Floor Layout
HPO Authorization Form						Grading Plan
Landscape Plan and Estimate						Application Accepted by:
Revised Construction Value:	\$			Permit Fee	\$	