



Application for Building Permit

Planning and Development Services
15322 Buena Vista Ave., White Rock, B.C. V4B 1Y6
P: 604 541 2149 | F: 604 541 2153 | www.whiterockcity.ca

Folder # _____

Access Code # _____

Date: _____

Landslide Area:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Development Permit Area:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Board of Variance:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Floodplain:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Pumping Required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Demolition Permit:	Yes <input type="checkbox"/> No <input type="checkbox"/>

I hereby apply under the provisions of "White Rock Building By-Law" and amendments thereto, for permission to build/alter the following address. Copy of Plans for the Proposed Building or Alteration to Accompany this Application.

PROPERTY INFORMATION

Civic Address: _____ White Rock, BC V4B _____

Zoning: _____ Usage of Property: SFD Multi LUC: Yes No

Legal Description: _____ Roll number: _____

Description of Work: _____ Project Value: \$ _____

OWNER INFORMATION

Name on Title: _____

Address of Owner _____

Owner's Phone: _____ Owner's Email: _____

BUILDER INFORMATION

Name and address of builder or agent _____

Phone: _____ Email: _____

Business Licence #: _____

I agree to conform to all requirements of The City of White Rock Bylaws

Print Applicant Name: _____

Signature of Applicant: _____

The approval of the plans and the issuance of a permit shall not in any way relieve the owner of any building or structure from full responsibility for carrying out the work or having the work carried out in accordance with the requirements of all the applicable by-laws of the Corporation of the City of White Rock.

Building Permit Fees	
Building Permit	
Secondary Suite	
Microfiche	
Total	

<u>Plans Examiner Information</u>	
<u>Maximum Building Height:</u>	_____
<u>Angle of Containment:</u>	_____
<u>Comments:</u>	_____