BUILDING PERMIT APPLICATION

This form must be completed in full before submitting

Address of Project:				Date:		
Legal Description:				Value of Construction:		
Applicant Name:				Property Folio:		
Mailing Address:				Postal Code:		
Phone:		Cell:		Email:		
Property Owner Name:						
Mailing Address:				Postal Code:		
Phone:		Cell:		Email:		
Contractor Name:				Business License No.:		
Mailing Address:				Postal Code:		
Phone:		Cell:		Email:		
Application is made to: Please check ALL Applicable Boxes						
Construction New		dition	Relocate		Sign	
		molish	Irrigation		Other	
rviceType Wate			Storm		Sanitary	
Proposed Use:						
Residential	Comme	rcial	Accessory		Industrial	
Agriculture Institu		utional Other (please		describe):		
Construction Details: Num	ber of Storie	s: Nu	mber of Units:	Sc	quare Footage:	
Number of Bedrooms:		Number of Bathrooms:		Number of Parking Stalls:		
Type of Framing:	Masonry	Wood	Struct	ural Steel	Other	
Heating System:	Gas	Oil	Electr	ic	Other	
Sewage Disposal:	wage Disposal: Tow		own Sanitary Service		Private Sewerage System	
Water Supply: Tov		Town Water Service		Private Water Well		
Description of Project:						
*Other Charges May Apply Pursuant to Bylaw #1834, Section 2.04.						
Name: Mailing Address:			PI	hone:		
In consideration of the granting of this permit, I/we agree to release and indemnify the Town of Ladysmith, its Council Members, employees and agents from and against all liability, demands, claims, causes of actions, suits, judgements, losses, damages, costs, expenses of whatever kind which I/we or any other person, partnership or corporation of my/our/their respective heirs, successors, administrator or assignees may have or incur in consequence of or incidental to the granting of this permit or any inspection, failure to inspect, certification, approval, enforcement or failure to enforce the Town of Ladysmith Building Bylaw or the British Columbia Code and I/we agree that the Town of Ladysmith owes me/us no duty of care in respect of these matters.						

UNDERSTAND THEM. The person signing this application form, if not the owner, acknowledges that this signature is as agent for the owner and that he is authorized to bind the owner who is deemed to know of and understand the contents of this form.

Signature of Owner or Authorized Agent: _____ Date: _____



250.245.6415 / info@ladysmith.ca / www.ladysmith.ca 132 C Roberts Street MAIL PO Box 220, Ladysmith, BC V9G GET CONNECTED G 🖸 🖸 💿

