## **TOWN OF LADYSMITH**

## **BUILDING PERMIT APPLICATION** This form must be completed in full before submitting

Address of Project:  Legal Description:  Applicant Name:  Applicant Name:  Property Folio:  Mailing Address:  Phone:  Cell:  Email:  Property Owner Name:  Mailing Address:  Phone:  Cell:  Email:  Property Owner Name:  Mailing Address:  Phone:  Cell:  Email:  Postal Code:  Phone:  Contractor Name:  Mailing Address:  Phone:  Cell:  Email:  Contractor Name:  Mailing Address:  Postal Code:  Phone:  Cell:  Email:  Application is made to: Please check ALL Applicable Boxes  Construction New Addition  Relocate  Renovation  Demolish   Irrigation   Other  Service Types:   Water   Storm   Sanitary  Proposed Use:  Residential   Commercial   Accessory   Industrial  Agriculture   Institutional   Other (please describe):  Construction Details: Number of Stories: Number of Units: Square Footage:  Number of Bedrooms: Number of Bathrooms: Number of Parking Stalls: Stratified:    Will the project contain rental housing?   YES   NO   If yes, how many rental units:  Cooling System:   Central A/C   Mini-split   Heat Pump   Other    Heating System:   Gas   Oil   Electric   Other    Sewage Disposal:   Town Sanitary Service   Private Sewerage System    Water Supply:   Town Water Service   Private Sewerage System    Wate		· · · · · · · · · · · · · · · · · · ·	,			
Applicant Name:  Mailing Address: Phone: Cell: Email: Property Owner Name: Mailing Address: Phone: Mailing Address: Postal Code: Phone: Cell: Email: Contractor Name: Mailing Address: Postal Code: Phone: Cell: Email: Contractor Name: Mailing Address: Postal Code: Phone: Cell: Email: Contractor Name: Mailing Address: Postal Code: Phone: Cell: Email: Application is made to: Please check ALL Applicable Boxes Construction New Addition Penolish Irrigation Other Service Types: Water Storm Sanitary Proposed Use: Residential Other (please describe): Construction Details: Number of Stories: Number of Units: Square Footage: Number of Bedrooms: Number of Parking Stalls: Stratified: Will the project contain rental housing? YES NO If yes, how many rental units: Cooling System: Central A/C Mini-split Heat Pump Other Sewage Disposal: Town Sanitary Service Private Sewerage System Water Supply: Town Water Service Private Sewerage System Water S	Address of Project:	Date:				
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Phone:   Cell:   Email:   Property Owner Name:   Postal Code:   Email:   Property Owner Name:   Postal Code:   Email:   Postal Code:   Email:   Contractor Name:   Business License No.:   Postal Code:	Applicant Name:		Property Folio:			
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Mailing Address:    Postal Code:   Email:	Phone:	Cell:	Email:			
Phone:  Cell:  Business License No.:  Mailing Address:  Phone:  Cell:  Email:  Application is made to: Please check ALL Applicable Boxes  Construction New Addition Relocate Service Types:  Renovation Demolish Irrigation Other  Service Types:  Water Storm Sanitary  Proposed Use: Residential Omercial Accessory Industrial Other (please describe): Construction Details: Number of Stories: Number of Units: Square Footage: Number of Bedrooms: Number of Bathrooms: Number of Parking Stalls: Stratified: Will the project contain rental housing? YES NO If yes, how many rental units: Cooling System: Central A/C Mini-split Heat Pump Other Heating System: Gas Oil Electric Other  Sewage Disposal: Town Sanitary Service Private Sewerage System Water Supply: Description of Project:  "Other Charges May Apply Pursuant to Bylaw #1834, Section 2.04. 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, sults, 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, certifican, approval, enforcement or failure to enforce the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith Building Bylaw or the British Columbia Code and I/we agree to repeate on the Town, within 30 days of receiving an invoice for same from the Town, the cost to repair any damage to public property or works located on public property arising directly or indirectly from work for which a permit	Property Owner Name:					
Contractor Name:  Mailing Address:  Postal Code:  Phone:  Cell:  Email:  Application is made to: Please check ALL Applicable Boxes  Construction New Addition Benovation Other  Service Types:  Water  Storm Sanitary  Proposed Use:  Residential Commercial Accessory Industrial  Agriculture Institutional Other (please describe):  Construction Details: Number of Stories:  Number of Purits:  Square Footage:  Number of Bedrooms:  Number of Bathrooms:  Number of Parking Stalls:  Will the project contain rental housing? YES NO If yes, how many rental units:  Cooling System:  Gas Oil Electric Other  Sewage Disposal:  Town Sanitary Service  Private Sewerage System  Water Supply:  Description of Project:  "Other Charges May Apply Pursuant to Bylaw #1834, Section 2.04.  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 Duilding Bylaw or the British Columbia Code and I/we agree that the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith Duilding Bylaw or the British Columbia Code and I/we agree that the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith Duilding Bylaw or the British Columbia Code and I/we agree that the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith Duilding Bylaw or the British Columbia Code and I/we agree that the Town of Ladysmith owes me/us no duty of care in enforce the Town of Ladysmith Duilding Bylaw or the British Columbia Code and I/we agree that the Town of	Mailing Address:		Postal Code:			
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Construction New	Phone:	Cell:	Email:			
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Agriculture	Proposed Use:					
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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:	
		Date.	
050 045 (445 - 1 ( )	 1 1 21		