



Building Permit Checklist

Building and Licensing-Development Services Division
 171 Main St. | Penticton B.C. | V2A 5A9
 P: (250) 490-2571 | E: buildinginfo@penticton.ca

penticton.ca

Building Permit – Fire Alarm Installation

Please provide clear, legible, and precise information. If incomplete applications are submitted, the Permit Process will not be expedited in a timely manner. Please note, zoning specifies the regulations and permitted uses for properties within those designations. **ALL Builders/Contractors to have current City of Penticton Business Licence or an OSICBL.**

Project Address:			
Building Name:		Office Use Only	
DOCUMENTS: (<input type="checkbox"/> Required at time of application / <input type="checkbox"/> May be required)		Submitted	Accepted
1. Completed and Signed Building Permit Application	Please include construction value of project. For current application fee refer to Fees and Charges Bylaw – Appendix 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ENGINEERING DOCUMENTS AND DRAWINGS:

Guides and References:	<ul style="list-style-type: none"> • BC Building Code 2018 • BC Fire Code 2018 • CAN/ULC-S524-14 Standard for Installation of Fire Alarm Systems 	<ul style="list-style-type: none"> • CAN/ULC-S537-13 Standard for Verification of Fire Alarm Systems • CAN/ULC-S536-13 Standard for inspection and Testing of Fire Alarm Systems • A detailed scope of work may be required from a Registered Professional depending on the complexity of the Fire Alarm System install or upgrade. 			
2. Letters of Assurance (LOA)	<ul style="list-style-type: none"> • Schedule B is required from a registered professional • All Letters of Assurance also require a copy of Certificate of Insurance from each Professional 	Schedule B – Architect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Schedule B – Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRAWINGS:

REQUIREMENTS FOR ALL DRAWINGS:	<ul style="list-style-type: none"> • Provide metric 1:100 or ¼ foot scaled plans • Include North arrow for all plans • Include Civic Address
---------------------------------------	---

3. Electrical System Plans	<ul style="list-style-type: none"> • Design of Electrical system sealed by Registered Professional 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Equipment Information	<ul style="list-style-type: none"> • Manufacturers product specifications • Compatibility with existing Equipment (Registered Professional may need to confirm) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fire Department informed	<ul style="list-style-type: none"> • pentictonfireinspectors@penticton.ca 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Permit Submission (Office Use)

Screened by:	Date:	<input type="checkbox"/> Insufficient information for application as noted – Re-submit <input type="checkbox"/> Accepted for Application
Comments:		



Building Permit Application

Building and Licensing-Development Services Division

171 Main St. | Penticton B.C. | V2A 5A9

P: (250) 490-2571 | E: buildinginfo@pentiction.ca

pentiction.ca

Project Address:

Construction Value: \$

Est. Start Date:

Permit Type:

Description: (Choose all that apply to this project)

- Single Family Dwelling
- Manufactured/Mobile Home
- Duplex
- Multi-Family Residential
- Accessory Building
- Commercial
- Industrial
- Institutional

- New Construction
- Addition*
- Alteration/Reno*
- Tenant Improvement*
- Demolition*
- Garage/Carport (detached)
- Secondary Suite
- Carriage House

- Locate/Relocate (home or mobile home)
- Driveway (new access or parking area)
- Swimming Pool
- Retaining Wall

Other: _____

Mobile Home(s)/Manufactured Home(s):

Registration Number: _____

Serial Number: _____

***All Alteration/Reno and most Demo applications must be accompanied by a City of Penticton Hazardous Materials Form**

Description of Project:

(Please be as specific as possible)

For Residential New Construction: Are you applying for Plumbing/Mechanical at this time? Yes No

ALL Builders/Contractors to have current City of Penticton Business Licence or an OSICBL.

Agent:

(if applicant is other than owner, attached signed Agency Agreement Form required)

Company Name: _____

Contact Name: _____

Address: _____

Unit/House/Street

City

Province

Postal Code

Email: _____

Phone: _____

Property Owner:

Company Name: _____

Contact Name: _____

Address: _____

Unit/House/Street

City

Province

Postal Code

Email: _____

Phone: _____

Builder:

Company Name: _____

Contact Name: _____

Address: _____

Unit/House/Street

City

Province

Postal Code

Email: _____

Phone: _____


Owner/Agent acknowledges:

I hereby apply for a Building Permit for the construction as described herein and I hereby certify that the above information is correct and I agree to comply with all pertinent Bylaws whether the detailed information is contained herein or not, and that, if I am not the owner of the property upon which the above construction is to be carried out on, I have been authorized by way of an Agency Agreement, by the Owner as his/her Owner's Agent to act on his/her behalf.

If I am an owner of a partial interest in the property upon which the above construction is to be carried out on, I hereby represent and warrant to the City of Penticton that I have been duly authorized by each owner who holds an interest in the property to make this application on their behalf.

Owner/Agent acknowledges:

In consideration of the granting of the permission applied for I/we hereby agree to indemnify and keep harmless the City of Penticton (Corporation) against all claims, liabilities, judgments, costs and expenses of whatsoever kind, which may in any way accrue against the said Corporation in consequence of and incidental to the granting of this permit, if issued. And I further agree to pay the full cost of repairing any damage to the Corporation works occasioned by the building operations in respect of which this application is made.

Please Print Name (owner/agent):		Signature (owner/agent): 		
For Office Use Only: Building Official:	Folder(s): BP #:	Distribution: <input type="checkbox"/> Building <input type="checkbox"/> Planning <input type="checkbox"/> Engineering <input type="checkbox"/> Other _____	Zone	Date/ Entered By:
			OCP	

Information collected on this form is done so under the authority of the Freedom of Information and Protection of Privacy Act (FOIPPA) and is protected in accordance with FOIPPA. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For further information regarding the collection, use, or disclosure of personal information, please contact the Corporate Services Department at 250-490-2400.