

FORM B
Application for Complex Building Permit

Plan Processing Fee:

- New Construction - \$250.00 **OR**
- Addition/Renovation up to 100m² - \$100.00
- Addition/Renovation 101m² or larger- \$150.00

For Office Use Only:

Receipt No.:

Required Information:

1. Civic Address of Property: _____
2. Owner of Property: _____
3. Authorized Agent (if applicable): _____
4. Type of Building: Commercial Industrial Multi-Family (# of units _____) Institutional
5. Work will be: New Addition Renovation
6. Are there any buildings occupying any portion of said land: Yes No
7. Type of construction: Wood Frame Concrete Steel Masonry Timber
8. Major occupancy classification: A_____ B_____ C D E F_____
9. Entire cost of project when completed including labour \$ _____
10. Fire sprinkler system to be installed: Yes No
11. Registered Professionals:

Schedules		Letters of Assurance Required			
A	B -1 & B- 2	Registered Professional	Name	Phone Number	Email
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Architect			
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Structural			
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Mechanical			
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Plumbing			
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Electrical			
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Fire Suppression			
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Geotechnical			

12. Home Protection Office Registration Number (if applicable): _____



THE CITY OF FORT ST. JOHN BUILDING BYLAW NO. 2248, 2015

Declaration:

I HEREBY AGREE to indemnify and keep harmless the City of Fort St. John and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind which may in any way occur against the said City and its employees in consequence of and incidental to, the granting of this permit, if issued, and I further agree to conform to all requirements of the Building Bylaw and all other statutes and bylaws in force in the City of Fort St. John.

Signature of Owner/ Agent: _____

Printed name of Owner/ Agent: _____ Date: _____

Please include a completed “Application Checklist” with all supporting documentation, as instructed in the Complex Building Permit Package as attached Appendix A of the City’s Building Bylaw.

Also include a signed Schedule B “Owner’s Declaration” and a signed Form B-1 “Declaration of On-Site Chemicals and Hazardous Materials” (if applicable).

For Office Use Only:

Legal Description: Lot Bk Plan	Roll Number	Zoning
Building Area: Total Building Footprint: _____ ft ²	Building Permit Fee: (\$5 per \$1000 value of construction) \$ _____	
Development Permit Area: <input type="checkbox"/> Yes <input type="checkbox"/> No	Development Variance Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approved: <input type="checkbox"/> Yes	Approved: <input type="checkbox"/> Yes	
Number of Parking Stalls Required:	Number of Parking Stalls Provided:	
Number of Accessible Stalls Required:	Number of Accessible Stalls Provided:	
Damage Deposit: \$ _____	Landscaping and Paving Deposit: \$ _____	
Fire Department Approval by:	Planning and Engineering Dept. Approval by:	
Complex Building Permit Approved by:	Date Approved:	Building Permit No.: