



City of Fort St. John  
 10631 100 Street | Fort St. John, BC | V1J 3Z5  
 (250) 787 8150 City Hall  
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THE CITY OF FORT ST. JOHN  
 BUILDING BYLAW NO. 2589, 2024

**FORM B**

Application for Complex Building Permit

**Plan Processing Fee:**

- New Construction - \$300.00 **OR**
- Addition/Renovation up to 100m<sup>2</sup> - \$120.00
- Addition/Renovation 101m<sup>2</sup> or larger- \$180.00

**For Office Use Only:**

  
  

**Receipt No.:**

**Owner's Information:**

Owner Name: (please print)	Owner's Address:
Owner Phone Number:	Fax:
Owner's Email Address:	

**Applicant's Information:**

Owner Name: (please print)	Owner's Address:
Owner Phone Number:	Fax:
Owner's Email Address:	

**Required Information:**

1. Civic Address of Property: \_\_\_\_\_
2. Authorized Agent (if applicable): \_\_\_\_\_
3. Type of Building:  Commercial  Industrial  Multi-Family (# of units \_\_\_)  Institutional
4. Work will be:  New  Addition  Renovation
5. Are there any buildings occupying any portion of said land:  Yes  No
6. Type of construction:  Wood Frame  Concrete  Steel  Masonry  Timber
7. Major occupancy classification:  A\_\_\_\_\_  B\_\_\_\_\_  C\_\_\_\_\_  D\_\_\_\_\_  E\_\_\_\_\_  F\_\_\_\_\_
8. The value of construction \$ \_\_\_\_\_

9. Fire sprinkler system to be installed:  Yes  No

10. Registered Professionals:

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

11. Licensing and Consumer Services (if applicable): \_\_\_\_\_

**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: \_\_\_\_\_

**For Office Use Only:**

<b>Legal Description:</b> Lot      Bk      Plan	<b>Roll Number</b>	<b>Zoning</b>
<b>Building Area:</b> Total Building Footprint: _____ ft <sup>2</sup>	<b>Building Permit Fee:</b> (\$6 per \$1000 value of construction) \$ _____	
<b>Development Permit Area:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Development Variance Permit:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Approved:</b> <input type="checkbox"/> Yes	<b>Approved:</b> <input type="checkbox"/> Yes	
<b>Number of Parking Stalls Required:</b>	<b>Number of Parking Stalls Provided:</b>	
<b>Number of Accessible Stalls Required:</b>	<b>Number of Accessible Stalls Provided:</b>	
<b>Damage Deposit:</b> \$ _____	<b>Landscaping and Paving Deposit:</b> \$ _____	
<b>Fire Department Approval by:</b>	<b>Planning and Engineering Dept. Approval by:</b>	
<b>Complex Building Permit Approved by:</b>	<b>Date Approved:</b>	<b>Building Permit No.:</b>