

RESIDENTIAL APPLICATION

BUILDING DIVISION inspections@langleycity.ca 604-514-2804

LOCATION & PROPERTY INFORMATION

Construction Address: _____

Legal Description: Lot _____ DL _____ SEC _____ TWN _____ Plan _____

TYPE OF WORK PROPOSED

New House ☐ House c/w Suite ☐ Addition ☐ Renovations ☐ Secondary Suite ☐ Accessory ☐

Construction Value: \$ _____

Except for the construction of a new dwelling, please describe the scope of work proposed: _____

CONTACT INFORMATION

INSPECTION CONTACT EMAIL: _____

Applicant Company Name: _____ Contact Person: _____

Phone: _____ Cell: _____ email: _____

Address: _____ City: _____ Province: _____ Postal: _____

Owner Name: _____ Contact Person Name: _____

Phone: _____ Cell: _____ email: _____

Address: _____ City: _____, Province: _____, Postal: _____

Building Contractor Company Name: _____,

Contact Person : _____ Business Licence #: _____

Phone: _____ Cell: _____ email: _____

Address: _____ City: _____ Postal: _____ Postal: _____

Plumbing Contractor

Company Name: _____ Contact Person: _____

Address: _____ City: _____ Phone: _____

email: _____ T.Q # _____ Business Licence #: _____

New or Relocated Plumbing Fixtures:

Toilets _____ Basins _____ Bath Tubs _____ Showers _____ Sinks _____ Dishwasher _____ Refrigerator _____

Clothes Washer _____ Laundry Tubs _____ HWT _____ FD _____ BFP _____ Hose Bib _____

Other _____

OTHER SIDE MUST BE COMPLETED PRIOR TO APPLICATION



BUILDING DESCRIPTION

No. of floors ____ Main Floor: _____sqft Second Floor: _____sqft Finished Basement: _____sqft
 Total Finished Area: _____sqft Unfinished Floor Area: _____sqft Secondary Suite Area: _____sqft
 Attached Garage Area: _____sqft Sundeck Area: _____sqft Sundeck with Roof Area: _____sqft

Heating: Forced Air ☐ Electric-Baseboard: ☐ Hot Water Radiant ☐ HW-Baseboard: ☐ Other ☐

BC Energy Code Step Level (proposed): Step (circle one): 1 2 3 4 5

RESIDENTIAL APPLICATION CHECKLIST

The purpose of this checklist is to describe typical information and documentation which may be necessary when applying for a new Single Family Dwelling or addition application. The following list is not exhaustive and additional items not listed may be required at a later date.

Req'd	NA	Rec'd	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Completed Building Permit Application Form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Fee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two complete sets of Building Permit and Structural Drawings. (Refer to Single Family Dwelling Guide).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HPO form (available from BC Housing) (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Owner's Acknowledgement Form (Form 1)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agent Authorization Form (if Applicant is not the Owner)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Title Search – (No older than 48hrs prior to the permit application)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Scheme Design Approval (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engineered Truss layout (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sealed TJI layout (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Topographical Survey - (For the purpose of site grading for infill lots. Must be original; no older than 30 days). To show main floor elevation(s) of neighbouring homes & grade elevations of adjacent lots.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule "B" from Registered Professional(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Registered Professional's Proof of Insurance (Form 2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Insurance from Registered Professional(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Integrated Rainwater Management Plan, and soil report sealed by a Registered Professional. (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide a reduced copy of the accepted Site Servicing, MBE, Flood Construction Level, Lot Grading. (for subdivisions only)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractor's business license number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Apply to Engineering Department for estimate to upgrade services. (applicable to projects with a construction value of \$100,000.00 or greater)
x		<input type="checkbox"/>	Application fee to be paid at time of application.

I hereby make an application for a Building Permit in accordance with the information stated above and declare that the information provided is complete. In consideration of the granting of the permission applied for, I/we hereby agree to indemnify and keep harmless the City of Langley against all claims, liabilities, judgments, costs and expenses of whatsoever kind, which may in any way accrue against the said City in consequence of, and incidental to, the granting of this permit, and I/we agree to pay the cost of repairing any damage to the sidewalk and/or curb by reason of the building operations in respect of which this permit is applied for, and I/we further agree to conform to all requirements of the building by-law and all other statutes and bylaws in force in the City of Langley, and I/we further acknowledge that the City accepts no responsibility for the accuracy of the information contained herein. I understand that payment of fees or acceptance of application does not guarantee that a building permit will be issued.

Name of Applicant:

Signature:

Date:

COMPLETE APPLICATIONS WILL ENSURE A MORE TIMELY REVIEW AND ISSUANCE.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.