

# **ALTA LAKE ROAD SEWER CONNECTION**

| WHISTLER   | ATION CHECKLIST  |
|--|--|
| Address:   | Office Use: PLP:   |
| Owner:   |  |
| Application Requirements:  | Additional Application Requirements:   |
| <ul> <li>□ Plumbing Permit Application Form</li> <li>□ Owners Authorization of Agent Form</li> <li>Required for anyone other than the registered owner</li> <li>□ Acknowledgement of Owner or Agent Form</li> <li>Supporting Document Requirements:</li> <li>□ Title Search OR □ \$21 Charge in Lieu</li> <li>Dated no later than 30 days from date of application</li> <li>□ Corporate Summary OR □ \$21 Charge in Lieu</li> <li>Required if the owner is a company</li> <li>RMOW can only search companies registered in BC</li> </ul> | <ul> <li>□ Pump Station Order Form approved by RMOW Infrastructure Services Department</li> <li>□ Site Plan detailing: pump station location and piping layout</li> <li>□ Pump station location</li> <li>□ Piping layout</li> <li>□ Distance to property lines</li> <li>□ Original wet-sealed Schedule B from Registered Professional, if required by design choice</li> <li>□ Copy of Professional Liability Insurance</li> </ul> |
| Indicate how you will be connecting to the Municipal Sewer:  | Note for all proposed connections:   |
| ☐ Utilizing the complete RMOW lift station package with a partial or fully installed internal or external  | The \$250 sewer connection fee applies and will be included in your Plumbing Permit Fees   |

- sanitary piping system
- ☐ Retaining use of an existing lift station but replacing the connection to the holding tank with a new connection to the RMOW sewer line
- ☐ Using only some parts of the engineered RMOW lift station package to retrofit an existing lift

Registered Professional sign-off is required for installation of RMOW parts in to existing tank. This is an engineered system within the tank

RMOW Inspector to witness pressure test on all gravity sanitary piping only; water or air test for new piping

All exterior piping outlets and inlets to meet 1.2m burial depth

Note: If burial depth cannot be met, and the inspector is not satisfied with the proposed mitigation to prevent freezing, a registered professional sign off will be required. Sealed design detail and sealed sign off for installation of piping to be submitted to the RMOW



# STANDARD PLUMBING PERMIT APPLICATION

|                          |  | Office Use: PLP-   |
|--------------------------|--|--|
|                          |  | _  |
|                          | L FIELDS THAT APPL   |  |
|                          |  | PID:   |
|                          |  |  |
|                          | o find PID and legal description   | n, refer to the Whistler Map at www.whistler.ca/gis  |
|                          |  |  |
| ADDRESS:                 |  | PHONE:   |
| CITY:                    | POSTAL CODE:   | CELL:  |
| COUNTRY:                 | EMAIL:   |  |
|                          |  |  |
| NAME:                    |  |  |
| ADDRESS:                 |  | PHONE:   |
| CITY:                    | POSTAL CODE:   | CELL:  |
| EMAIL:                   |  |  |
|                          |  |  |
| NAME:                    |  |  |
| BUSINESS NAME:           |  |  |
| ADDRESS:                 |  | PHONE:   |
| CITY:                    | POSTAL CODE:   | CELL:  |
| EMAIL:                   | 1  | -  |
| BUSINESS LICENCE No:     |  | TQ#  |
|                          |  |  |
|                          |  |  |
|                          |  |  |
| understood that the plum | bing work shall not comr   | nence until the plumbing permit has  |
| been issued by the RMO   | W and received by myse   | lf.  |
|                          |  |  |
|                          | ADDRESS: LEGAL DESCRIPTION:  NAME: ADDRESS: CITY: COUNTRY:  NAME: ADDRESS: CITY: EMAIL:  NAME: BUSINESS NAME: ADDRESS: CITY: EMAIL: BUSINESS LICENCE No:  I hereby make application Regulation Bylaw No. 16 understood that the plum | *To find PID and legal description  NAME:  ADDRESS:  CITY:  POSTAL CODE:  COUNTRY:  EMAIL:  NAME:  ADDRESS:  CITY:  POSTAL CODE:  EMAIL:  NAME:  ADDRESS:  CITY:  POSTAL CODE:  EMAIL:  POSTAL CODE:  EMAIL:  POSTAL CODE:  EMAIL:  POSTAL CODE:  EMAIL:  POSTAL CODE:  EMAIL: |

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED AGENT



# OWNER'S AUTHORIZATION OF AGENT

| The undersigned registered owne                                  | r of land in the Resort Municipality of Whistler   |
|--|--|
| legally described as   |  |
|  | PROPERTY LEGAL DESCRIPTION   |
| and having a civic address of                                    |  |
|  | PROPERTY CIVIC ADDRESS   |
| hereby authorizes  |  |
| to:  | NAME OF AGENT  |
| 1. apply for and obtain  | as agent a building permit in respect of the land from the Resort ler under the provisions of Building and Plumbing Regulation 12;                                       |
|  | t Municipality of Whistler as my agent all information and by the bylaw for such an application;   |
| <ol> <li>execute and deliver to entitled 'Acknowledge</li> </ol> | to the Resort Municipality of Whistler, as my agent, the document<br>ment of Owner or Owner's Agent' in the form of Schedule C to<br>ng Regulation Bylaw No. 1617, 2002. |
| OWNER NAME* (PLEASE PRINT)                                       | OWNER SIGNATURE  |
| ,  | SIGNED THIS DAY OF 20  |
| DI FACE LICT ALL OWNERS IF DR                                    | ODERTY HAS MORE THAN ONE OWNER.  |
| PLEASE LIST ALL OWNERS IF PRO                                    | OPERTY HAS MORE THAN ONE OWNER:  |
|  |  |
| OWNER NAME* (PLEASE PRINT)                                       | OWNER SIGNATURE  |
|  | SIGNED THIS DAY OF 20  |
|  |  |
| OWNER NAME* (PLEASE PRINT)                                       | OWNER SIGNATURE  |
|  | SIGNED THIS DAY OF 20  |
| OWNER NAME* (PLEASE PRINT)                                       | OWNER SIGNATURE  |
|  | SIGNED THIS DAY OF 20  |
|  |  |
| OWNER NAME* (PLEASE PRINT)                                       | OWNER SIGNATURE  |
|  | SIGNED THIS DAY OF 20  |

<sup>\*</sup>If owner is a company, please use table on page over.



## **OWNER AUTHORIZATION OF AGENT**

Page 2

| PLEASE COMPLETE THE FOLLOWING IF THE OWNER IS A COMPANY: |                              |   |
|--|------------------------------|---|
|  |                              |   |
|  |                              |   |
| COMPANY NAME   | LIMITED NO.                  |   |
|  |                              |   |
|  |                              |   |
| NAME OF SIGNING OFFICER (PLEASE PRINT)                   | SIGNATURE OF SIGNING OFFICER |   |
|  | SIGNED THIS DAY OF 20        | ) |
|  |                              |   |
| NAME OF SIGNING OFFICER (PLEASE PRINT)                   | SIGNATURE OF SIGNING OFFICER |   |
|  | SIGNED THIS DAY OF 20        | ) |
|  |                              |   |
| NAME OF SIGNING OFFICER (PLEASE PRINT)                   | SIGNATURE OF SIGNING OFFICER |   |
|  | SIGNED THIS DAY OF 20        | ) |



### **ACKNOWLEDGEMENT OF OWNER OR OWNER'S AGENT**

(NOTE: An agent may not apply for or obtain a building permit on behalf of an owner without having provided a written authorization by the owner, in the form provided by the Resort Municipality of Whistler for that purpose.)

I acknowledge that the owner of the land in respect of which this permit is issued is solely responsible for carrying out the work authorized by this permit in accordance with the Building Code and other applicable laws respecting safety.

I acknowledge that the Resort Municipality of Whistler provides a limited monitoring service in relation to building construction and does not, by accepting or reviewing plans, inspection construction, monitoring the inspection of construction by others, or issuing building or occupancy permits, make any representation or give any assurance that the construction authorized by this permit complies in every or any respect with the Building Code or any other applicable laws respecting safety.

If the Resort Municipality has so indicated on this permit, I acknowledge that the Resort Municipality has issued the permit in reliance on certification of a registered professional, engaged by me to provide such a certification, that the plans for the work authorized by the permit comply with the Building Code and other applicable enactments, and that the fee for the permit has been accordingly reduced. I acknowledge that the Resort Municipality, by issuing this permit or any occupancy permit, makes no representations to my or any other person as to any such compliance.

If I am executing this acknowledgement as the agent of the owner, I represent to the Resort Municipality that:

- I am authorized by the owner to receive this permit and make these acknowledgements on the owner's behalf; and
- The owner is aware that the owner is solely responsible for carrying out the work authorized by this permit in accordance with the Building Code and other applicable laws respecting safety.

| PROPERTY CIVIC ADDRESS                          |                          | PERMIT NO. |
|---|--------------------------|------------|
|   |                          |            |
|   |                          |            |
| PROPERTY LEGAL DESCRIPTION                      |                          |            |
|   |                          |            |
|   |                          |            |
| OWNER OR AGENT NAME <sup>1</sup> (PLEASE PRINT) | OWNER OR AGENT SIGNATURE |            |
|   | SIGNED THIS DAY OF       | 20         |
|   |                          |            |

<sup>1</sup>If more than one owner, please complete page over; or, if owner is a company, please complete page over.



#### ACKNOWLEDGEMENT OF OWNER OR OWNER'S AGENT

Page 2

## PLEASE COMPLETE THE FOLLOWING IF PROPERTY HAS MORE THAN ONE OWNER:

| OWNER NAME* (PLEASE PRINT)             | OWNER SIGNATURE              |
|--|------------------------------|
|  | SIGNED THIS DAY OF 20        |
| OWNER NAME* (PLEASE PRINT)             | OWNER SIGNATURE              |
|  | SIGNED THIS DAY OF 20        |
| OWNER NAME* (PLEASE PRINT)             | OWNER SIGNATURE              |
|  | SIGNED THIS DAY OF 20        |
| OWNER NAME* (PLEASE PRINT)             | OWNER SIGNATURE              |
|  | SIGNED THIS DAY OF20         |
| OWNER NAME* (PLEASE PRINT)             | OWNER SIGNATURE              |
|  | SIGNED THIS DAY OF 20        |
| PLEASE COMPLETE THE FOLLOWING I        | THE OWNER IS A COMPANY:      |
|  |                              |
| COMPANY NAME                           | LIMITED NO.                  |
|  |                              |
| NAME OF SIGNING OFFICER (PLEASE PRINT) | SIGNATURE OF SIGNING OFFICER |
|  | SIGNED THIS DAY OF 20        |
| NAME OF SIGNING OFFICER (PLEASE PRINT) | SIGNATURE OF SIGNING OFFICER |
|  | SIGNED THIS DAY OF 20        |
| NAME OF SIGNING OFFICER (PLEASE PRINT) | SIGNATURE OF SIGNING OFFICER |
|  |                              |