



NEW COMPLEX BUILDING PERMIT APPLICATION CHECKLIST

Project Address: _____

Project Name: _____

Office Use:	BP: _____
	PLP: _____

Please check all that apply:

Type of Occupancies:

<input type="checkbox"/> Residential	<input type="checkbox"/> Industrial
<input type="checkbox"/> Commercial	<input type="checkbox"/> Institutional

Occupancy Restrictions:

<input type="checkbox"/> Employee-Restricted Housing
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Requests:

<input type="checkbox"/> an Excavation Permit in Advance of BP
<input type="checkbox"/> a Foundation Permit in Advance of BP

Application requirements:

<input type="checkbox"/> Complex Building Permit Application Form
<input type="checkbox"/> Complex Plumbing Permit Application Form
<input type="checkbox"/> Acknowledgement of Owner or Agent Form
<input type="checkbox"/> Owners Authorization of Agent Form
<i>Required for anyone other than the registered owner</i>
<input type="checkbox"/> Utility Billing Summary Form
<input type="checkbox"/> Declared Value of Construction
\$ _____
<i>Refer to the Building Bylaw for a definition</i>

Supporting document requirements:

<input type="checkbox"/> Title Search <u>OR</u> <input type="checkbox"/> \$21 Charge in Lieu
<i>Dated no later than 30 days from date of application</i>
<input type="checkbox"/> Corporate Summary <u>OR</u> <input type="checkbox"/> \$21 Charge in Lieu
<i>Required if the owner is a company</i>
<i>RMOW can only search companies registered in BC</i>
<input type="checkbox"/> Registered Copy of Land Use Contract
<i>Required if property is regulated by a Land Use Contract</i>
<input type="checkbox"/> Covenants and Associated Reports
<input type="checkbox"/> Home Warranty Insurance Registration
Amount of Soil to be Removed or Added to Site:
<input type="checkbox"/> Less than 200 m ³ <u>OR</u> <input type="checkbox"/> More than 200 m ³
<i>If more than 200m³, a Removal and Deposit of Soil permit is required. Visit www.whistler.ca/soilpermit</i>

<input type="checkbox"/> Code Analysis <i>Fire Separations, Exiting, Washrooms, etc.</i>
<input type="checkbox"/> Zoning Analysis <i>FSR, GFA & Parking</i>
Planning Department Approval:
<input type="checkbox"/> Development Permit DP# _____
<i>Required for exterior work if Property is in a Development Permit Area</i>
<input type="checkbox"/> Development Variance Permit DVP# _____
<i>DVP permit number to be provided if a variance has been applied for</i>
<input type="checkbox"/> Board of Variance BOV # _____
<i>BOV permit number to be provided if a variance has been applied for</i>

Additional Requirements:

If Excavation Permit Is Requested:

<input type="checkbox"/> Written Scope of Excavation Works
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If Foundation Permit Is Requested:

2 Additional Sets of the Following Plans:
<input type="checkbox"/> Site Plan
<input type="checkbox"/> Foundation Plan
<input type="checkbox"/> Wet Sealed Structural Foundation Plan
<input type="checkbox"/> Section (detailing a typical section)
<input type="checkbox"/> Elevation (showing all four sides of the building)

Plan requirements:

Architectural Drawings to Detail the Following:
<i>Accepted scale 1:100 or 1/8 inch with metric dimensions detailed.</i>
<i>1:50 or 1/4 inch with metric dimensions detailed.</i>
<i>1:25 or 1/2 inch with metric dimensions detailed.</i>
<input type="checkbox"/> Site Plan With Complete Zoning Analysis
<input type="checkbox"/> Parking
<input type="checkbox"/> Gross Floor Area
<input type="checkbox"/> Setbacks
<input type="checkbox"/> Retaining Walls
<input type="checkbox"/> Area Overlays for Each Floor and Each Unit Type
<input type="checkbox"/> Spatial Separation Calculations for All Sides of All Buildings
<input type="checkbox"/> Radon Rough-In (for additions)
<input type="checkbox"/> Elevations Detailing Grade and Building Height
<input type="checkbox"/> Code Drawings Detailing Fire Separations, Exiting, Fire Department Access, Etc.

Registered Professional requirements:

<input type="checkbox"/> Wet-Sealed Schedule A From Coordinating Registered Professional <i>(CRP to Initial all Schedule B's)</i>
<input type="checkbox"/> Wet-Sealed Architectural Drawings (2 sets) and Schedule B from Architect
<input type="checkbox"/> Wet-Sealed Drawings (2 sets) and Schedule B* Sealed Schedule B From All Required Engineers:
<input type="checkbox"/> Structural
<input type="checkbox"/> Mechanical
<input type="checkbox"/> Plumbing
<input type="checkbox"/> Electrical
<input type="checkbox"/> Sprinkler
<input type="checkbox"/> Civil (*Schedule H of the RMOW Building and Plumbing Regulation Bylaw No. 1617. 2002)
<input type="checkbox"/> Geotechnical
<input type="checkbox"/> Copy of Professional Liability Insurance For All Registered Professionals

New Residential Buildings Designed To Part 9 of the BC Building Code:

<input type="checkbox"/> Energy Step Code Pre-Construction Compliance Report (Minimum Step 3)
<i>Electronic copy available: www.whistler.ca/stepcode</i>

Clarification, Resources, Regulations and Bylaws:

www.whistler.ca/buildingresources

- New Information and Bulletins
- Builders Information Package: A Guide to Building Residential Part 9 Projects in Whistler
- GIS Mapping System
- RMOW Zoning and Parking Bylaw 303, 2015
- Development Permits



COMPLEX BUILDING PERMIT APPLICATION

Office Use: BP-

PLEASE COMPLETE ALL FIELDS THAT APPLY:

SITE	ADDRESS:	PID:
	LEGAL DESCRIPTION:	

*To find PID and legal description, refer to the GIS map at www.whistler.ca/gis

REGISTERED OWNER ON TITLE	NAME:	
	ADDRESS:	PHONE:
	CITY:	POSTAL CODE:
	COUNTRY:	EMAIL:

AUTHORIZED AGENT	NAME:	
	ADDRESS:	PHONE:
	CITY:	POSTAL CODE:
	EMAIL:	

COORDINATING PROFESSIONAL	NAME:	
	ADDRESS:	PHONE:
	CITY:	POSTAL CODE:
	EMAIL:	RMOW BUSINESS LICENCE No:

DESIGNER	NAME:	EMAIL:	PHONE:
	BUSINESS NAME:		RMOW BUSINESS LICENCE No:

ARCHITECT	NAME:	EMAIL:	PHONE:
	BUSINESS NAME:		RMOW BUSINESS LICENCE No:

STRUCTURAL	NAME:	EMAIL:	PHONE:
	BUSINESS NAME:		RMOW BUSINESS LICENCE No:

MECHANICAL	NAME:	EMAIL:	PHONE:
	BUSINESS NAME:		RMOW BUSINESS LICENCE No:

ELECTRICAL	NAME:	EMAIL:	PHONE:
	BUSINESS NAME:		RMOW BUSINESS LICENCE No:

SPRINKLER	NAME:	EMAIL:	PHONE:
	BUSINESS NAME:		RMOW BUSINESS LICENCE No:

CIVIL	NAME:	EMAIL:	PHONE:
	BUSINESS NAME:		RMOW BUSINESS LICENCE No:

GEOTECHNICAL	NAME:	EMAIL:	PHONE:
	BUSINESS NAME:		RMOW BUSINESS LICENCE No:

CONTRACTOR	NAME:	
	BUSINESS NAME:	
	ADDRESS:	PHONE:
	CITY:	POSTAL CODE:
	EMAIL:	RMOW BUSINESS LICENCE No:

I hereby make application under the provisions of RMOW Building and Plumbing Regulation Bylaw No. 1617, 2002, to perform work as herein noted. It is understood that the work shall not commence until the permit has been issued by the RMOW and received by myself.

SIGNATURE OF OWNER OR OWNER'S AUTHORIZED AGENT

A Business Licence is required for all business's performing work in Whistler. A contractor, designer/ architect, or engineer that is based outside of Whistler, but is performing work in Whistler, is required to obtain a non-resident business licence. Visit www.whistler.ca/businesslicences for more information



COMPLEX PLUMBING PERMIT APPLICATION

Office Use: PLP-

PLEASE COMPLETE ALL FIELDS THAT APPLY:

SITE	ADDRESS:	PID:
	LEGAL DESCRIPTION:	

*To find PID and legal description, refer to the GIS map at www.whistler.ca/gis

REGISTERED OWNER ON TITLE	NAME:		
	ADDRESS:	PHONE:	
	CITY:	POSTAL CODE:	CELL:
	COUNTRY:	EMAIL:	

AUTHORIZED AGENT	NAME:		
	ADDRESS:	PHONE:	
	CITY:	POSTAL CODE:	CELL:
	EMAIL:		

PLUMBING ENGINEER	NAME:		
	BUSINESS NAME:		
	ADDRESS:	PHONE:	
	CITY:	POSTAL CODE:	CELL:
	EMAIL:	RMOW BUSINESS LICENE No:	

PLUMBING CONTRACTOR	NAME:		
	BUSINESS NAME:		
	ADDRESS:	PHONE:	
	CITY:	POSTAL CODE:	CELL:
	EMAIL:		
	RMOW BUSINESS LICENCE No:	TQ#	

<input type="checkbox"/>	<p>I hereby make application under the provisions of RMOW Building and Plumbing Regulation Bylaw No. 1617, 2002, to perform plumbing work as herein noted. It is understood that the plumbing work shall not commence until the plumbing permit has been issued by the RMOW and received by myself.</p>
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SIGNATURE OF OWNER OR OWNER'S AUTHORIZED AGENT



OWNER'S AUTHORIZATION OF AGENT

The undersigned registered owner 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

NAME OF AGENT

to:

1. apply for and obtain as agent a building permit in respect of the land from the Resort Municipality of Whistler under the provisions of Building and Plumbing Regulation Bylaw No. 1617, 2002;
2. provide to the Resort Municipality of Whistler as my agent all information and documents required by the bylaw for such an application;
3. execute and deliver to the Resort Municipality of Whistler, as my agent, the document entitled 'Acknowledgment of Owner or Owner's Agent' in the form of Schedule C to Building and Plumbing Regulation Bylaw No. 1617, 2002.

OWNER NAME* (PLEASE PRINT)

OWNER SIGNATURE

SIGNED THIS ____ DAY OF _____ 20____

PLEASE LIST ALL OWNERS 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 OF _____ 20____

***If owner is a company, please use table on page over.**



OWNER AUTHORIZATION OF AGENT

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 NAME¹ (PLEASE PRINT)

OWNER OR AGENT SIGNATURE

SIGNED THIS ____ DAY OF _____ 20____

¹If 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

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 OF _____ 20____
_____ OWNER NAME* (PLEASE PRINT)	_____ OWNER SIGNATURE SIGNED THIS ____ DAY OF _____ 20____

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____