



# Building Permit Application New Residential Building(s)

11995 Haney Place, Maple Ridge, BC V2X 6A9  
Phone: 604-467-7311 Email: BuildingInquiries@MapleRidge.ca

Application Date: \_\_\_\_\_  
Plan Checker (PC): \_\_\_\_\_  
Building Permit No.: \_\_\_\_\_

## Section 1: Property Information

**Site Address:** \_\_\_\_\_

**Legal Description:** Lot: \_\_\_\_\_ Block: \_\_\_\_\_ DL: \_\_\_\_\_ Plan: \_\_\_\_\_

**Property Zoning:** \_\_\_\_\_

## Section 2: Purpose of Application

**Description of Proposed Work:** \_\_\_\_\_

**Project Value** (Includes cost of plans, materials, and labour): \_\_\_\_\_ \$      Lot Size (m<sup>2</sup>): \_\_\_\_\_

### Proposed Building Type(s) (Check **all** that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New Single-Family Dwelling              | <input type="checkbox"/> Multiplex (3 or more primary dwellings in one building) | <input type="checkbox"/> Detached Garage            |
| <input type="checkbox"/> New Two-Family (Duplex) Dwelling        | <input type="checkbox"/> Row Housing (Requires preapplication)                   | <input type="checkbox"/> Attached Carport           |
| <input type="checkbox"/> Secondary Suite(s)                      | <input type="checkbox"/> Apartment (Requires pre-application)                    | <input type="checkbox"/> Detached Carport           |
| <input type="checkbox"/> Two (2) Residential Buildings           | <input type="checkbox"/> Accessory Building(s)                                   | <input type="checkbox"/> Swimming Pool              |
| <input type="checkbox"/> Three (3) or More Residential Buildings | <input type="checkbox"/> Attached Garage   | <input type="checkbox"/> Common Underground Parking |
| <input type="checkbox"/> Detached Garden Suite                   |  | <input type="checkbox"/> Other: _____               |

Total Number of Residential Buildings (for entire site):     1     2     3     4     5     6

Total Number of Primary Dwelling Units:                             1     2     3     4     5     6

Total Number of Secondary Suites:                                     0     1     2     3

Total Number of Parking Spots:    \_\_\_\_\_

### Servicing

- |        |                               |                                 |              |                               |                                   |
|--------|-------------------------------|---------------------------------|--------------|-------------------------------|-----------------------------------|
| Water: | <input type="checkbox"/> City | <input type="checkbox"/> Well   | Storm Water: | <input type="checkbox"/> City | <input type="checkbox"/> Rock Pit |
| Sewer: | <input type="checkbox"/> City | <input type="checkbox"/> Septic |              |                               |                                   |



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- Is a demolition permit required?  Yes  No
- Is a tree permit required?  Yes  No
- Is the building/property being converted to strata-title ownership?  Yes  No
- Will the electrical servicing for this property be greater than >200 Amps?  Yes  No
- Will there be more than three (3) floors above grade?  Yes  No
- Will the building(s) have a common fire alarm panel?  Yes  No

### Provide Related Permit and Application Information (If Applicable):

Engineering Pre-Application (If Required): \_\_\_\_\_

Sub-Division (required for Row Housing): **SD No.** \_\_\_\_\_

Rezoning Application Number (If Required): **RZ No.** \_\_\_\_\_

The following sections must be completed by the person signing the application form.

Section 3: Building Owner(s) Note: if complete demolition is required, this address must differ from the site address.

**Property Owner(s):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 4: Designer or Architect (If required)

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

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Section 5: Contractor Business License Name

**Contractor:** \_\_\_\_\_ Business License (IMBL): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



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## Section 6: Demolition Contractor Business License Name (If required)

**Demolition Contractor:** \_\_\_\_\_ Business License (IMBL): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Section 7: Agent Contact - Agent Authorization Form Required

**Agent Contact:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Who Will Be Paying for the Application Fees:

Owner                       Designer/Architect                       Contractor                       Agent Contact  
 Other: \_\_\_\_\_

### Who Will Be Paying for the Engineering Fees Including Damage Deposits:

Owner                       Designer/Architect                       Contractor                       Agent Contact  
 Other: \_\_\_\_\_

**Note:** Separate permits are required for electrical, plumbing, gas, heating installation, sprinkler permits and illuminated signs.

I acknowledge that the permit application fee is non-refundable.

*Personal information collected on this form is in accordance with s. 26(c) of the Freedom of Information and Protection of Privacy Act (RSBC 1996) for permitting purposes. Please be advised that permits are considered public records that are available in various City publications or disclosed through information requests. If you have any questions, you may contact the FOI Office by calling 604-466-4300 or by emailing FOI@MapleRidge.ca. Formal FOI requests may be addressed to the Corporate Officer.*

Applicant Name: \_\_\_\_\_  
 Owner    Agent Contact                      Signature                      Date