



Building Department 4949 Canada Way, Burnaby, BC V5G 1M2
Telephone: 604-294-7130 Fax: 604-294-7499 www.burnaby.ca/building

Application Date: _____

Plan Checker: _____

Phone #: 604 _____

APPLICATION FOR TENANT IMPROVEMENT PERMIT (INCLUDING FAST TRACKING)

Building Address:				Postal Code:	
Legal Description:	Lot:	Block:	D.L.	Plan:	
Tenant Name:				Unit #:	
Occupancy Type: <input type="checkbox"/> Retail <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Food Sales <input type="checkbox"/> School <input type="checkbox"/> Other: _____ <input type="checkbox"/> Personal Service <input type="checkbox"/> Manufacturing <input type="checkbox"/> Repairs <input type="checkbox"/> Residential <input type="checkbox"/> Warehouse					
Building Owner (s):				Phone:	
Address:				Postal Code:	
				E-mail:	
Designer:				Fax:	
Address:				Postal Code:	
				E-mail:	
Contractor:				Fax:	
Address:				IMBL #:	
				E-mail:	
Contact:				Fax:	
				Phone:	
				E-mail:	
No. of sets of plans submitted:				Construction Value: \$	

Adjacent Tenants

Location	Suite #	Tenant Name	Type of Business
Side			
Side			
Rear			
Above			
Below			

Building Information **No. of Storeys:** **Fire Alarm:** **Sprinklers:** **Exit Signs:** **Emergency Lighting:**

Note: Separate permits are required for electrical, plumbing, gas installation, alteration of sprinkler systems and illuminated signs.
Letters of Assurance for sprinkler installation to be submitted at time of application for sprinkler permit.

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

The information on this form is collected under the authority of the current Burnaby Building Bylaw and is in accordance with the Freedom of Information and Protection of Privacy Act. The purpose of the collection is to process your application for a building permit. It will be retained as a record of your application and may be used to contact the parties involved in this project. The name of the applicant, the name and address of the business associated with the application, the address to which the permit pertains, and the value of the work being done may be made available to the general public. If you have any questions about the collection and use of this information, please contact the Building Department at 604-294-7130.

Applicant (Print Name): _____ (Signature): _____ (Date): _____

FOR STAFF USE ONLY

Submission Requirements for Tenant Permit

	Sub'd	To be Sub'd	N/A		Sub'd	To be Sub'd	N/A
Architectural Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule F (Owner's Undertaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Drawings (including racking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consent to F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Drawings (load calc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schedule E1 (Residential Only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing Drawings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternative Solutions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Drawings (kitch, exh, system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HPO New Home Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedule A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agent Authorization Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Schedules B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

P.P.A. Required: ☐ Yes ☐ No

P.P.A. Approval #:

P.P.A. Approval Date:

	Date Forward	Returned		Date Forward	Returned
Engineering	<input type="checkbox"/>	_____	Health	<input type="checkbox"/>	_____
Env. Services	<input type="checkbox"/>	_____	Electrical	<input type="checkbox"/>	_____
F.P.O.	<input type="checkbox"/>	_____	Plumbing	<input type="checkbox"/>	_____

Comments

Permit #: _____ Application Fee: _____ Date issued: _____ Initial: _____



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Office Use Only

Building Permit # :

AGENT AUTHORIZATION - BUILDING DEPARTMENT

Demolition and Building Permits

OWNER/LESSEE

This will confirm my appointment of:

(Agent's Name and/or Name of Company)

as my agent in all matters related to obtaining any required building permits or demolition permits for:

Project Address:

and to make all necessary arrangements with the City of Burnaby, to perform all matters and to take all necessary proceedings with respect thereto.

Until the City is advised **in writing** that the agent no longer acts on behalf, the City will deal exclusively with my agent with respect to all matters pertaining to the proposed **demolition and/or building permit** and are under no obligation to communicate with me or any other person other than my agent with regard to these permits. This authorization supersedes all previous appointments.

This document shall not be read as authorizing the Agent to undertake work on the property. Control of activities on the property remains with the property owner. The Agent must obtain written permission from the property owner independently to begin and continue any demolition or construction.

I /We hereby certify that I am/we are the () registered owner(s), or () the lessee of the said land and do hereby consent to the above.

1) Owner's or Lessee's Name

Signature

2) Owner's or Lessee's Name

Signature

3) Owner's or Lessee's Name

Signature

Company Name (if applicable)

Date

AGENT

Acknowledged by Agent:

(Agent's Name and/or Name of Company)

Agent's Signature:

Phone:

Email:

Date:

Address:

All building permits are issued in the owner's name and only the owner, not the agent, can request for transfer, refund or cancel a permit.



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Burnaby

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CONSENT TO CONSTRUCTION
ACKNOWLEDGEMENT OF LESSEE /STRATA OWNER'S
AUTHORITY TO BUILD

This will confirm that:

Building Permit # _____
(for office use only)

Lessee (Tenant) or Strata Owner's Name: _____

Property Address: _____

Legal Description: _____

will be making an application for Building Permit to construct certain improvements at the property described above. The undersigned acknowledges that the lessee (tenant) / strata owner has authority to build on the property.

I/We hereby certify that I/We am/are the () registered owner(s), () Strata Council, or () Property Manager of the said land(s) and do hereby consent to the above.

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Company Name, where applicable

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-mail: _____ Date: _____



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Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Company Name, where applicable

Address: _____ City: _____ Postal Code: _____

Telephone: _____ E-mail: _____ Date: _____