



**Corporation of  
Village of Valemount**

P.O. Box 168, Valemount, B.C. V0E 2Z0  
Phone Office (250) 566-4435  
Fax (250) 566-4249

**FORM B  
Permit Application Form  
Building Bylaw 542, 2003**

Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Plan: \_\_\_\_\_ D.L.: \_\_\_\_\_ Block: \_\_\_\_\_ Present Zoning: \_\_\_\_\_  
 PID#: \_\_\_\_\_ Folio#: \_\_\_\_\_ Development Permit No.: \_\_\_\_\_

**CLASS OF WORK WILL BE:** \*BUILDING  NEW  REPAIR  ALTER  ADDITIONAL   
 DEMOLITION  FIREPLACE AND CHIMNEY  \*MOVING  TEMPORARY  OCCUPANCY   
 \*PLUMBING  OTHER  \_\_\_\_\_ \* = May Require Additional Forms

**DESCRIPTION OF PROPOSED WORK:** (NOTE: THE VILLAGE MUST BE NOTIFIED OF ANY ALTERATIONS TO REVIEWED PLANS)

TOTAL CONSTRUCTION VALUE (INCLUDES VALUE OF ALL MATERIALS AND SERVICES) \$ \_\_\_\_\_  
(Do not include Electrical & Plumbing values)

Property Owner: \_\_\_\_\_ Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Designer  Architect : \_\_\_\_\_ Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
 Contractor: \_\_\_\_\_ Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

I hereby agree to indemnify and save harmless the Village of Valemount and its employees against all claims, liabilities, judgments, costs and expenses of whatsoever kind that may in any way occur against the Village of Valemount and its employees in consequence of and incidental to the granting of this permit, if issued and I further agree to conform to all requirements of the Building Bylaw and all other statutes and Bylaws in force in the Village of Valemount. I understand that neither the issuance of a permit under this bylaw nor the acceptance or review of plans, drawings, or specifications or supporting documents, nor any inspections made by or on behalf of the Village of Valemount constitute in any way a representation, warranty, assurance or statement that the Building Code, or other applicable enactments respecting safety have been complied with and that this does not relieve me from my obligations under these bylaws.

Signature of Owner or Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_

**OFFICE/DEPARTMENT USE ONLY** Permit #: \_\_\_\_\_

Date Received: _____	Date of Permit Issue: _____	Permit Fee: \$ _____
Building Value: \$ _____	Issued by: _____	Plumbing Fee: \$ _____
Bond Required: _____	Sewer System Connection? _____	.....: \$ _____
		.....: \$ _____
		.....: \$ _____
		TOTAL \$ _____