

Regional District of Okanagan-Similkameen

101 Martin Street, Penticton, BC V2A 5J9
Telephone: (250) 490-4205 Fax: (250) 492-0063
Toll Free (BC/Alberta): 1-877-610-3737

E-mail: <u>buildinginfo@rdos.bc.ca</u> Website: <u>www.rdos.bc.ca</u>

APPLICATION FOR TEMPORARY BUILDING/STRUCTURE

(for a period not to exceed one year)

Fees fo		Application Fee		Title Search \$25 if applicable		Total						
Temporary Placement of Building/Structure							\$175					
FOR OFFICE USE ONLY												
Folio #	# Date Paid			Receip			t#					
				JER INFO								
Registered Owner:						Registered Owner:						
Mailing Address:					Mailing Address:							
Tel. (daytime)			Other		Tel. (daytime)		0	Other				
E-mail					E-mail							
				NT INFOI								
Name:			(ii dppilota	2.0) uttus.: 20tt								
Mailing	Address:											
Town/Province:					Postal Code:			E-	E-mail:			
Tel. (home)			(work)									
Section	2 – Propert	y Unde	Application									
Civic add	dress of propert	y:										
Lot		Block		District Lot	t Lot		Plan					
Parcel Id	lentifier											

Section 3 – Application Details

Reason for temporary placement:								
Duration of placement (less than one calendar year	r):							
What type of building/structure being placed?								
Temporary Office (Atco, Britco type) Steel building / quonset (CSA A660)								
Placement of manufactured building (not as dwelling)								
Other – describe:								
Proposed use of building/structure:								
Section 4 – Accompanying Documents (must be	presented with application)							
	Site plan of the property showing the location of the building/structure under application, with distances to all property lines, parking & loading spaces (if applicable).							
Code) showing the construction details of the	Plans & supporting documents (ie. proof of CSA standard or proof of compliance with BC Building Code) showing the construction details of the building/structure, including an elevation drawing showing the height from grade to the top of the structure.							
	ARATION mation provided with respect to this application is full and statement of the facts related to this application.							
Signature of Registered <i>Owner / Agent</i> (or Authorized Signatory of Corporation*)	Signature of Registered <i>Owner /Agent</i> (or Authorized Signatory of Corporation*)							
Name of Registered <i>Owner / Agent</i> (print)	Name of Registered Owner /Agent (print)							
Date	Date							
*if owner is a company or corporation, proof of signin	g authority is also required							

Protecting your personal information is an obligation the Regional District of Okanagan-Similkameen takes seriously. Our practices have been designed to ensure compliance with the privacy provisions of the Freedom of Information and Protection of Privacy Act (British Columbia) ("FIPPA"). Any personal or proprietary information you provide to us for this permit application, is collected, used and disclosed in accordance with FIPPA. Contact the Freedom of Information Officer at the Regional District Okanagan-Similkameen for information.



Property address:

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Owner's Undertaking

Legal c	description:								
1.		ndersigned, as the owner of the property described above, with the							
2	intention that it be binding on the owner and that the Regional District will rely on same. I confirm that I have applied for a building permit pursuant to "Regional District Building Bylaw No. 2805, 2018 (the "Bylaw") and that I have carefully reviewed and fully understand all of the provisions of the								
2.									
		acknowledge and accept the provisions describing the purpose of the							
	Bylaw, the conditions under which permits are issued, the disclaimer of warranty or representation and								
	the limited extent of the scope of the Bylaw and inspections thereunder.								
3.	Without in any way limiting the foregoing, I acknowledge fully that it is my responsibility to ensure								
	compliance with the Building Code and the Bylaw whether any work to be performed pursuant to the								
	permit applied for is done by me, a contractor or a registered professional. I am not in any way relying on the Regional District or its building officials, as defined under the Bylaw, to protect the owner or any other persons as set out in Part 3 of the Bylaw and I will not make any claim								
4.									
5.	alleging any such responsibility or liability on the part of the Regional District or its building officials. I hereby agree to indemnify and save harmless the Regional District and its employees from all claims, liability, judgments, costs and expenses of every kind which may result from negligence or from the failure to comply fully with all bylaws, statutes and regulations relating to any work or undertaking in respect of which this application is made. I am authorized to give these representations, warranties, assurance and indemnities to the Regional								
0.									
6.									
	District.								
-									
_	ure of Registered <i>Owner</i>	Signature of Registered <i>Owner</i>							
(or Aut	thorized Signatory of Corporation*)	(or Authorized Signatory of Corporation*							
Nama	of Degistered Quarter (print)	Name of Registered Quantum (print)							
ivame	of Registered <i>Owner</i> (print)	Name of Registered <i>Owner</i> (print)							
Date o	f Acknowledgement	Date of Acknowledgement							
	5								
*if ow	ner is a company or corporation, pro	of of signing authority is also required							