

New Single Family Dwelling Application

Please Print Clearly



Application Date: _____

Work Type: _____ New Home _____ Show Home _____ New Mobile Home _____ Replacement Dwelling
_____ New Home with Suite _____ Modular Home _____ Used Mobile Home _____ 2nd Dwelling

Construction Address: _____
Legal Description: Lot: _____ Sec: _____ Twp: _____ Plan: _____
Zoning: _____ LUC: _____ Development Variance Permit? Yes No No
Is the property located in a Flood Plain Area? Yes Area _____
No

Applicant Name: _____
Applicant's Address: _____
Contractor's Business Name: _____
Contractor's Business Address: _____
Contractor's HPO Registration No.: _____ **OR**
Homeowner Builder's HPO Registration No.: _____
Refund Deposit to (if different from Applicant): _____
Contact Name: _____ Phone: _____
Fax: _____ Email: _____

Water Service _____ **OR** Well _____ (Note: If on Well, potable water confirmation is required)
Sanitary Sewer _____ **OR** Septic _____ Fraser Health's Filing Date: _____
Storm Sewer _____ **OR** Rock Pit _____ (Note: If Rock Pit, Schedules B1 & B2 req'd from P.Eng.)
Underground Electrical Service _____ **OR** Overhead Electrical Service _____
Are there any Accessory Buildings on the Property? Yes No
Registered Professional Engineered Design? Yes No

Number of Floors (including basement): _____	Secondary Suite Floor Area (sq.ft.): _____
Main Floor Area (sq.ft.): _____	Attached Garage Area (sq.ft.): _____
Second Floor Area (sq.ft.): _____	Sundeck Area (sq.ft.): _____
Additional Finished Floor Area (sq. ft.): _____	Sundeck with Roof Area (sq.ft.): _____
Unfinished Floor Area (sq.ft.): _____	Patio with Roof Area (sq.ft.): _____
Total Floor Area (sq.ft.) _____	Covered Entrance Way (sq.ft.): _____
	Carport Area (sq.ft.): _____

(over)

No. of Fixtures: (new or relocated)	<input type="checkbox"/> Toilets	<input type="checkbox"/> Shower Stalls	<input type="checkbox"/> Clothes Washers	<input type="checkbox"/> Hot Water Tanks
	<input type="checkbox"/> Basins	<input type="checkbox"/> Bath Tubs	<input type="checkbox"/> Dishwashers	<input type="checkbox"/> Hose Bibs
	<input type="checkbox"/> Sinks	<input type="checkbox"/> Laundry Tub	<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Other

Heating Type:	<input type="checkbox"/> Forced Air	Fuel Type:	<input type="checkbox"/> Gas
	<input type="checkbox"/> Baseboard		<input type="checkbox"/> Electric
	<input type="checkbox"/> H.W. Radiant		<input type="checkbox"/> Geothermal (B1 & B2 req'd from P. Engineer)
	<input type="checkbox"/> H.W. Baseboard		

Roofing Type: _____

Siding Type: _____

Number of Drawing Pages per set: _____

I hereby agree that all information, including personal information, contained on this document may be made available to the public. Personal information is collected under the authority of the Local Government Act and the City's bylaws for the purpose of processing this application and for administration and enforcement.

Applicant's Signature: _____ Print Name: _____

Phone: _____ Email: _____