

Parent BP# _____

APPLICATION TYPE

- | | |
|--|--|
| <input type="checkbox"/> Plumbing Fixtures | <input type="checkbox"/> Cross Connection Control Device |
| <input type="checkbox"/> Site Servicing | <input type="checkbox"/> Other (specify): _____ |

(Complete Fixture Count on page 2)

PROPERTY INFORMATION

Civic Address: _____

SITE SERVICING INFORMATION (complete only if applying for Site Servicing)

Value of Construction: \$ _____

Refund Information For Performance Security Deposit (Please refund deposit to)

- | | | | |
|------------------------------------|--|--|-------------------------------------|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Registered Property Owner | <input type="checkbox"/> Primary Contact | <input type="checkbox"/> Contractor |
|------------------------------------|--|--|-------------------------------------|

PLUMBING CONTRACTOR/ APPLICANT INFORMATION

- City of Abbotsford requires that all businesses have a valid City of Abbotsford or Intermunicipal Business Licence.
- A photocopy (front and back) of the Trade Qualification (TQ) Card for the Plumbing Contractor must be provided (TQ card and photo ID will be verified at time of application).

The APPLICANT information will be attached to all invoices, payments and refunds. If fees for this permit are to be paid by another party, please inform staff before proceeding and (complete Refund Performance Section above where applicable)

Name: _____

Contractor's Trade Qualification Number (TQ) (if applicable): _____

Contractor's Business Name (if applicable): _____

Business Licence #: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

REGISTERED OWNER(S) of the property

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

INTERNAL USE ONLY:

- | | |
|--|--|
| <input type="checkbox"/> Photo ID verified | <input type="checkbox"/> Copy of front and back of TQ card |
|--|--|

PLUMBING FIXTURES

Indicate number of fixtures (including new, relocated and rough ins)

Interior Fixtures	Quantity	Exterior Fixtures	Quantity
Toilet(s) (WC)		Area Drain(s) (AD) (Door well/ Window Well/ Trench)	
Basin(s) (bathroom sink) (LAV)		Catch Basin(s) (CB)	
Shower(s) (SH)		Exterior Sump(s) (SUMP)	
Bath(s)(Shower/bath combo) (BT)		Manholes(s) (MH)	
Urinal(s) (UR)		Oil/Grease Interceptor(s) (OI)	
Bidet(s) (BD)		Backflow Preventer(s) (CCCD)	
Sink(s) (KS)		Other(s): _____	
Dishwasher(s) (DW)			
Clothes Washer(s) (CW)			
Laundry Tub(s) (LT)			
Hot Water Tank(s) (HWT)			
Floor Drain(s) (FD)			
Roof drain(s) (RD)			
Area drain(s) (AD)			
Hose Bib(s) (HB)			
Interior Sump/Pump(s) (SP)			
Oil/Grease Interceptor(s) (OI)			
Backflow Preventer(s) (CCCD)			
Pressure Reducing Valve (PRV)			
Other(s): _____			

Requirement for Registered Plumbing Engineer Requirement for Professional Engineers is based on the proposed scope of work and the Building Bylaw, BC Building Code, and other applicable enactments.

Print Name: _____

Signature: _____
(Applicant/Trade Qualification Card Holder's Signature)

Date: _____

ACKNOWLEDGEMENT OF NOTICE OF COLLECTION OF PERSONAL INFORMATION

Personal information collected within this building permit and application file is collected for the purpose of processing this application and for administration and enforcement. The personal information is collected under the authority of the Local Government Act, the City's bylaws and Section 26 of the Freedom of Information and Protection of Privacy Act (the "Act"). Under the Act, personal information cannot be used or disclosed other than for the purpose for which it was collected, except with the consent of the individual whom the information is about or otherwise in accordance with law.

By initialing this application I hereby consent that all information, including my personal information, within this building permit and application file, may be made available to the public upon request.

Initials of Applicant: _____

If you have any questions about this collection and use of your personal information, contact the Information and Privacy Coordinator at FOI@abbotsford.ca or mail to: City of Abbotsford, 32315 South Fraser Way, Abbotsford BC V2T 1W7

CONSENT TO RELEASE PERSONAL INFORMATION

Pursuant to Section 22 of the Freedom of Information and Protection of Privacy Act, I understand that all information provided to the City of Abbotsford is subject to the provision of the Freedom of Information and Protection of Privacy Act. I consent to the City of Abbotsford releasing my personal information related to this application.

Initials of Applicant: _____

The owner/applicant is responsible for ensuring compliance with the BC Heritage Conservation Act, including steps to determine whether or not a site is an archaeological site. It is against the law to alter an archaeological site without first obtaining a permit to do so from the Archaeology Branch, Ministry of Tourism, Sport and the Arts.

WAIVER, RELEASE AND INDEMNIFICATION AGREEMENT

BY SUBMITTING THIS PERMIT APPLICATION, YOU, OR THE PARTY ON WHOSE BEHALF YOU ACT, ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE, AND ASSUMING CERTAIN OBLIGATIONS, SUCH AS THE OBLIGATION TO INDEMNIFY THE CITY OF ABBOTSFORD

PLEASE READ THE FOLLOWING PROVISIONS CAREFULLY

In consideration and as a condition of the City of Abbotsford (the "City") granting the permit applied for, each of the Owner, the Owner's Authorized Agent (for himself and on behalf of and with instructions from the Owner and any other party on behalf of whom the Authorized Agent acts) and the Applicant (if not Owner of the Owner's Authorized Agent), jointly and severally agree as follows:

Waiver - I/we hereby waive any and all claims whatsoever that I/we may have, or may have in the future, against the City, its directors, officers, elected officials and employees (collectively, the "Releasees") as a result of the issuance of this permit or any work undertaken pursuant to this permit or for any inspection or other action undertaken as a result of this permit, due to any cause whatsoever, including but not limited to negligence or breach of any statutory or other duty of care.

Release - I/we hereby remise, release and forever discharge the Releasees from any and all claims, actions, demands, obligations, liabilities, costs and expenses whatsoever, whether direct or indirect, including without limitation with respect to any damage to person or property, that I/we may suffer or incur, due to any cause whatsoever including negligence or breach of any statutory or other duty of care, as a result of the issuance of this permit or any inspection or action undertaken by the City as a result of this permit..

Indemnity - I/we hereby agree to indemnify and hold harmless the Releasees from and against any and all claims, actions, demands, obligations, liabilities, costs or expenses whatsoever and howsoever arising, including arising out of or with respect to any damage to any person or property incurred by myself, the party for whom I act as agent, or any other party, which may in any way arise or accrue against the Releasees as a result of or incidental to the issuance of this permit.

No Representations, Warranties or Guarantees -The City has not made any representations, warranties or guarantees with respect to any matter relating to this permit or any work to be undertaken pursuant to this permit, including without limitation compliance with City bylaws or any other provincial or federal act or regulation in force in the City. I/we hereby agree that I/we will be solely responsible for ensuring that all work carried out pursuant to this permit is in compliance with all applicable City bylaws and any other provincial or federal act or regulation in force in the City. I/we further agree that I/we do not rely on the City to notify me/ us of any defects in this permit Application or supporting documentation and that any inspection or other actions undertaken by the City are not intended to ensure and will not ensure that any work complies with the applicable City bylaws or any other provincial or federal act or regulation in force in the City.

I agree to conform to all applicable requirements of City of Abbotsford bylaws and all other applicable provincial or federal statutes in force in the City of Abbotsford.

Initials of Applicant: _____

For Plumbing Contractor when Building Permit issued

- Completed Application Form and Fees.

For Plumbing Contractors when Building Permit not issued

- Completed Application Form and Fees.
- Completed Letter of Authorization (**Each** owner of the property must sign this Authorization Form)
- Title search (*retrieved within the last 30 days*)** for each property involved must be submitted with this application. A **\$25 fee for document retrieval** will be required at the time of issuance if the application does not include this document at time of submission.
- 2 Copies of plumbing/civil drawings, original sealed by engineer of record (where applicable).
- Schedule B (Letter of Assurance) from Engineer (where applicable).
- Written Strata Council approval (where applicable).

For Property Owners (Single Detached Dwellings ONLY)

- Completed Application Form and Fees.
- 2 Copies of isometric drawings showing fixture locations, drainage, venting, and water pipe complete with pipe sizing.

APPLICATIONS WILL BE ACCEPTED
BETWEEN 8:30 AM – 4:00 PM
Incomplete applications will not be accepted

LETTER OF AUTHORIZATION (BUILDING PERMITS)

Civic Address: _____

Legal Description: _____

Brief Description of Work: _____

This document shall serve to notify the City of Abbotsford that I am/we are the legal owners(s) of the property described above and do authorize the person indicated below (Authorized Agent) to act on my/our behalf on all matters pertaining to the referenced Permit Application(s) for the above referenced property, including the authority to endorse application documents on my/our behalf.

It is understood that until the City is advised in writing that the Authorized Agent no longer acts on behalf of the Owner, the City will deal with the Authorized Agent with respect to all matters pertaining to the Permits referred to in this Authorization Form. This authorization supersedes any previous agent authorization

REGISTERED OWNER(S)

Name(s): _____

*(List **all owners** as they appear on title. All Owners must sign this section)*

Signature of owner	Owner's name (print)	Date
Signature of 2 nd owner (if applicable)	Owner's name (print)	Date
Signature of 3 rd owner (if applicable)	Owner's name (print)	Date
Signature of 4 th owner (if applicable)	Owner's name (print)	Date

AUTHORIZED AGENT (person acting on behalf of another person or group)

Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

Signature of Authorized Agent	Agent's name (print)	Date
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