

APPLICATIONS WILL BE ACCEPTED
BETWEEN 8:30 AM – 4:00 PM
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

FLOOD RESTORATION APPLICATION

Page 1 of 3

PROPERTY INFORMATION

Civic Address: _____

Value of Construction: \$ _____

APPLICANT INFORMATION

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.

Name: _____

Business Name (if applicable): _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

REGISTERED OWNER(S) of the property

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

PRIMARY CONTACT INFORMATION *If not the same as applicant

Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

CONTRACTOR INFORMATION *City of Abbotsford requires that all businesses have a valid City of Abbotsford or Intermunicipal Business Licence.*

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone: _____ Email: _____

City of Abbotsford Business Licence #: _____ Intermunicipal Licence: _____

APPLICATION TYPE – RESTORATION FOR FLOOD DAMAGED... (Select all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Single Family Residence | <input type="checkbox"/> Retaining Wall* |
| <input type="checkbox"/> Mobile Home CSA Z240 | <input type="checkbox"/> Commercial Building |
| <input type="checkbox"/> Manufactured Building CSA A277 | <input type="checkbox"/> Industrial Building |
| <input type="checkbox"/> Agricultural Building | <input type="checkbox"/> Other (Specify): _____ |

*Sealed Engineered Drawings required with these application types

Permit Submission Requirements:

- Completed **Application Form and Fees** (note: application fees will be waived until December 24, 2022 for eligible properties identified in the [Local State of Emergency-Related Temporary Fee Relief Bylaw, 2021 Bylaw 3219-2021](#)).
- Completed **Letter of Authorization**.
- Detailed **scope-of-work** (breakdown of all required works and materials for each room, space, or area).
- Indicate if any **buildings constructed prior to 1990**: Yes No
- All buildings with **structural damage** will require **drawings** (see requirements below).
- If there is more than one building on the property and drawings are not required, provide a **site sketch** (can be hand drawn) showing all buildings requiring restoration work.

Drawing Requirements (2 sets of each needed for application)

**** Required ONLY for buildings where Site Inspection Placard identifies building as "UNSAFE" or where identified as "RESTRICTED USE" with noted structural deficiencies ****

- SITE PLAN** – Detail the location of any buildings and /or structures to adjacent buildings and property lines.
- STRUCTURAL DRAWINGS**
 - o Floorplan showing location of damage;
 - o Sealed Structural Field Report or letter of assessment from Structural engineer providing details for any affected structural members and repairs.

Requirement for Registered Professional Design

Requirement for Architects and/or Professional Engineers is based on the proposed scope of work and the Building Bylaw, BC Building Code, and other applicable enactments.

Removal of Site Inspection Placards

INSPECTED may be removed by the owner.

RESTRICTED USE may be removed as specified on the placard.

UNSAFE may only be removed by the authority having jurisdiction.

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 604-864-5575 or 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: _____

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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): _____

_____ 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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