



# Building Permit Application

Building Division

604.469.4534 • www.portmoody.ca

**Please check all that apply**

<input type="checkbox"/> New building	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> Tenant Improvement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	

**Describe the proposed work/use**

Address of site:	Zoning:
Legal Description: Lot:	Block: Plan:
Are there buildings on the property now? <input type="checkbox"/> no <input type="checkbox"/> yes If yes, please describe:	

**Owner Information**

Name:	Address:	Postal Code:
Home number:	Work number:	Cell number:

**Owner's Agent Information**

Name:	Address:	Postal Code:
Work number:	Cell number:	

**Contractor**

Name:	Business License #:
Address:	Postal Code:
Work number:	Cell number:

**The property owner is responsible for providing copies of notations on title.**

Are there any covenants, easements or right-of-ways on the property?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide the details:	

The City of Port Moody provides all inspection and monitoring reports by email only. Please let us know who should receive a copy of these reports (homeowner, contractor etc), along with their email address. The property owner(s) will receive emails corresponding with all inspections and monitoring reports.

Contact Name	Email Address

*Please continue to second page.*

**City of Port Moody Building Bylaw 2019, No. 3200**  
**Schedule 2 – Owner’s Undertaking**

1. This undertaking is given by the undersigned, as the owner of the property described above, with the intention that it be binding on the owner and that the City will rely on same.
2. I confirm that I have applied for a building permit pursuant to “City of Port Moody Building Bylaw, 2019, No. 3200” (the “Bylaw”) and that I have carefully reviewed and fully understand all of the provisions of the Bylaw and in particular, understand, 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.
4. I am not in any way relying on the City 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 alleging any such responsibility or liability on the part of the City or its *Building Officials*.
5. I hereby agree to indemnify and save harmless the City and its employees from all claims, liability, judgments, costs, and expenses of every kind which may result from negligence or from failure to comply fully with all Bylaws, statutes, and regulations relating to any work or undertaking in respect of which this application is made.
6. I am authorized to give these representations, warranties, assurance, and indemnities to the City.

Owner(s) Information	
Name(s):	
Address	
Email:	
Telephone number:	Cell number:

Owner(s) Authorization	
This undertaking is executed by the owner this ____ day of _____, _____.	
Owner 1 / Authorized Signatory Name (print):	
Owner 1 / Authorized Signatory Signature:	
Owner 2 / Authorized Signatory Name (print):	
Owner 2 / Authorized Signatory Signature:	

Witnessed by City Employee	
Signed in the presence of	
Witness Name (print)	
Witness Signature:	



# Bond Release Form

Building Division

604.469.4534 • www.portmoody.ca

To ensure the accuracy of our account information, you **must attach a void cheque or account information from a Financial Institution.** The payee information must match the cheque provided.

The information provided is used for releasing any bonds associated with the project.

**Project Address:**

## Payee Information

Name:

Customer Address:

Phone:

Email:

Signature:


Date:


## For City of Port Moody Use Only

BP#

Copy sent to Finance

Refund to (*provide copy of cheque*):

 Email this form back to [building@portmoody.ca](mailto:building@portmoody.ca)

 Fax this form back to 604.469.4533

**PORT MOODY**  
CITY OF THE ARTS