



CONSTRUCTION PERMIT APPLICATION
For New Single and Two Family Dwellings

SHUSWAP INDIAN BAND
DEVELOPMENT AND BUILDING DEPARTMENT

Unit 1A Arrow Road, Invermere, BC V0A 1K0 • Tel: (250) 341-3678 • Fax: (250) 341-3683 • Email: building@kinbasket.net

PLEASE PRINT

Project Address		Building Permit Number
Legal Description: Lot: _____ Plan: _____		
Proposed Use		
<input type="checkbox"/> Single Family <input type="checkbox"/> Semi-Detached <input type="checkbox"/> Duplex		Development Permit Number
Owner		
Name		Phone Number (Business Hours)
Address		Fax Number
City	Province	Postal Code
Builder <input type="checkbox"/> Same as Owner		
Contractor Name		Contact Person
Address		Phone Number (Business Hours)
Address		Fax Number
City	Province	Postal Code
Mechanical	Forced Air Contractor Name	
	Address	
	License/Ticket Number	Phone Number(s)
	Hydronic Heating Contractor Name	
	Address	
	License/Ticket Number	Phone Number(s)
Plumbing	Contractor Name	
	Address	
	License/Ticket Number	Phone Number(s)

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Propane	Contractor Name		
	Address		
	License/Ticket Number		Phone Number(s)
Propane Fireplace Installer	Contractor Name <input type="checkbox"/> same as propane contractor above		
	Address		
	License/Ticket Number		Phone Number(s)
Electrical	Contractor Name		
	Address		
	License/Ticket Number		Phone Number(s)
<p>Applicant's Declaration: I hereby certify that I have read and examined this application and know the information to be true and correct. All provisions of restrictive caveats, covenants, utility rights-of-way, overhead wires, laws and bylaws governing this type of work on this property will be complied with whether specified herein or not.</p>			
Applicant	<input type="checkbox"/> Representing Owner <input type="checkbox"/> Representing Building Contractor		
Please Print Name		Signature	
Business Address		Phone Number	Date