



**Regional District of Okanagan-Similkameen**

101 Martin Street, Penticton, BC V2A 5J9

Telephone: (250) 490-4205 Fax: (250) 492-0063

Toll Free (BC/Alberta): 1-877-610-3737

E-mail: [buildinginfo@rdos.bc.ca](mailto:buildinginfo@rdos.bc.ca) Website: [www.rdos.bc.ca](http://www.rdos.bc.ca)

# APPLICATION FOR SOLID FUEL BURNING APPLIANCE INSTALLATION PERMIT

FOR OFFICE USE ONLY			
ELECTORAL AREA:	<input type="text"/>	PLAN PROCESSING FEE:	<b>\$100.00</b>
FOLIO NUMBER:	<input type="text"/>	DATE PAID:	<input type="text"/>
ZONED AS:	<input type="text"/>	METHOD OF PAYMENT:	<input type="text"/>
BYLAW NO.:	<input type="text"/>	DATE PROCESSED:	<input type="text"/>
		RECEIPT NO.:	<input type="text"/>

## OWNER INFORMATION

(add additional page if more than two owners)

Registered Owner:		Registered Owner:	
Mailing Address:		Mailing Address:	
<input type="text"/>		<input type="text"/>	
Province:	Postal Code:	Province:	Postal Code:
Tel. (home)	(work)	Tel. (home)	(work)
Fax:	E-mail	Fax:	E-mail

## AGENT INFORMATION

(if applicable, attach Form 3)

Name:			
Mailing Address:			
<input type="text"/>			
Town/Province:	Postal Code:	E-mail:	
Tel. (home)	(work)	Fax:	<input type="text"/>

### Section 2 – Property Under Application

Civic address of property:	<input style="width: 75%;" type="text"/>
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**Section 3 – Application Details**

What type of installation is being applied for?	
<input type="checkbox"/>	Masonry Fireplace or Chimney
<input type="checkbox"/>	Factory Built Appliance

**Section 4 – Accompanying Documents**

<input type="checkbox"/>	Floor plan of building where appliance is being installed. Indicate location of smoke alarms & CO detectors.
<input type="checkbox"/>	Specifications/information on appliance being installed.

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**DECLARATION**

I/We, the undersigned, hereby certify that the information provided with respect to this application is full and complete and is, to the best of my knowledge, a true statement of the facts related to this application.

\_\_\_\_\_  
Signature of Registered **Owner**  
(or Authorized Signatory of Corporation\*)

\_\_\_\_\_  
Signature of Registered **Owner**  
(or Authorized Signatory of Corporation\*)

\_\_\_\_\_  
Name of Registered **Owner** (print)

\_\_\_\_\_  
Name of Registered **Owner** (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*if owner is a company or corporation, proof of signing authority is also required

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**Notice of collection of personal information:**

Personal information on this form 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* and the bylaws of the Regional District Okanagan-Similkameen. Documentation/information submitted in support of this application can be made available for public inspection pursuant to the *Freedom of Information and Protection of Privacy Act*. Contact the Freedom of Information Officer at the Regional District Okanagan-Similkameen for information.



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# FORM 1

## Acknowledgements of *Owner*

I acknowledge that the **owner** of the land in respect of which this permit is issued is solely responsible for carrying out the work authorized by this permit in accordance with the **Building Code** and other applicable laws respecting safety, including the requirements of the **Building Code** in relation to soil conditions for **building** foundations.

I acknowledge that the **owner** of the land is also solely responsible for determining whether the work authorized by this permit contravenes any covenant, easement, right of way, **building** scheme or other restriction affecting the **building** site, and whether the work requires the involvement of an architect under the **Architects Act** or an engineer or geoscientist under the **Engineers and Geoscientists Act**.

I acknowledge that the Regional District Okanagan-Similkameen provides a limited service in relation to **building construction** and does not, by issuing **building** or **occupancy** permits, make any representation or give any assurance that the **construction** authorized by this permit complies in every or any respect with the **Building Code** or any other applicable laws respecting safety.

If the Regional District Okanagan-Similkameen has so indicated on this permit, I acknowledge that the Regional District has issued the permit in reliance on the certification of a **registered professional**, engaged by me to provide such a certification, that the plans for the work authorized by the permit comply with the **Building Code** and other applicable enactments, and that the fee for the permit has been accordingly set. I acknowledge that the Regional District Okanagan-Similkameen, by issuing this permit or any **occupancy** permit, makes no representations to me or any other person as to any such compliance.

\_\_\_\_\_  
Signature of Registered **Owner**  
(or Authorized Signatory of Corporation\*)

\_\_\_\_\_  
Signature of Registered **Owner**  
(or Authorized Signatory of Corporation\*)

\_\_\_\_\_  
Name of Registered **Owner** (print)

\_\_\_\_\_  
Name of Registered **Owner** (print)

\_\_\_\_\_  
Date of Acknowledgement

\_\_\_\_\_  
Date of Acknowledgement

\*if owner is a company or corporation, proof of signing authority is also required