



THE CORPORATION OF THE DISTRICT OF OAK BAY
MUNICIPAL HALL – 2167 OAK BAY AVENUE – VICTORIA, B.C. V8R 1G2
PHONE 250-598-2042 FAX 250-598-9108 WEBSITE: www.oakbay.ca

BUILDING PERMIT APPLICATION

Address of property: _____

Name of Owner: _____

Legal Description: Lot: _____ Block: _____ Section: _____ Plan: _____

Architect or Engineer: _____

Builder's Name: _____

Address: _____

Business Licence No: _____ Zoning Classification _____ Intended use or occupancy _____

Brief Description of work to be done: _____

Construction Plans drawn to Scale Are attached? Yes No Total Cost of Project: _____

Details and specifications must be submitted. Provide **2 COPIES OF ALL PLANS**

Floor Plans / Elevations / Building Cross Section
1/4 inch = 1 foot or 1:50

Site Plan 1/8 inch = 1 foot or 1:100

Wall Cross Section Window Typical
1 inch = 1 foot or 1:10

Property Owner: _____

Owners Agent: With Authorized Agent's Letter (please print name) _____

Date: _____

Date: _____

Phone: _____

Phone: _____

Email/Fax: _____

Email/Fax: _____

The Undersigned agrees to conform to the regulations and By-laws of Oak Bay and acknowledges that the issuing Permit shall not constitute a relaxation of an By-law