



DISTRICT OF  
**100 Mile House**

#1-385 Birch Avenue, PO Box 340  
100 Mile House, BC, V0K 2E0  
250-395-2434  
info@100milehouse.com

## PERMIT APPLICATION

**New Construction** ☐ **Renovation** ☐ **Plumbing** ☐ **Chimney/Fireplace** ☐ **Demolition** ☐

Lot \_\_\_\_\_ District Lot \_\_\_\_\_ Plan \_\_\_\_\_

Zoned \_\_\_\_\_ Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Builder: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_

Estimated Cost: \$ \_\_\_\_\_

You must include two copies of the plans for the proposed work as well as sewer, water, access, and Health Inspector's approval for septic tank if required.

I/We agree to release and indemnify the District of 100 Mile House, its Council, employees and agents from and against all liability, demands, claims, causes of action, suits, judgments, losses, costs and expenses of whatever kind which I/we or any other person, partnership or corporation or my/our respective heirs, successors, administrators or assignees may have or incur in consequence of or incidental to the granting of his permit or any inspection, failure to inspect, certification, approval, enforcement or failure to enforce the District of 100 Mile House Building Bylaw, the British Columbia Building Code, or any other applicable statutes, regulations, bylaws or codes, and I/we agree that the District of 100 Mile House owes me/us no duty of care in respect of these matters.

I also certify the above information is true and correct and that I am the owner or have been authorized by the owners to complete this application.

The information collected on this form will be managed, used and disclosed in accordance with the provisions of the *Freedom of Information and Protection of Privacy Act*.

Date: \_\_\_\_\_ Owner or Builder (Signature): \_\_\_\_\_ Phone: \_\_\_\_\_

Permit No. \_\_\_\_\_