

**SCHEDULE B**

**OWNER'S DECLARATION**

**BUILDING PERMIT No.** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**Owner's\* Information:**

Owner Name: (Please print)	Owner's Address:
Owner Phone Number:	<b>Civic Address of Property to Which Permit(s) is Sought:</b>
Owner Email Address:	Legal Description: Lot                      Block:                      Plan:

**Owner's Appointment of an Agent (if applicable):**

I declare that I am the Owner to the above referenced property and in accordance with Section 8 to the City's Building Bylaw, I hereby authorize:

Agent Name: (Please print)	Agent's Mailing Address
Agent's Contact Phone Number:	Agent's Contact Email Address:

**\* If there is more than one Owner for the subject property described above, the Owner named above acts on behalf of all other Owners.**

**Duties and Responsibilities:**

As Owner, I HEREBY AGREE to the following duties and responsibilities as set out below, as directed by the City of Fort St. John that include, but are not limited to;

1. Every Owner shall ensure that all construction complies with the Building Code, the City's Building Bylaw and all other applicable enactments as amended from time to time.
2. Every Owner to whom a permit is issued is responsible for the cost of repair(s) to damage to any municipal property that occurs during construction as authorized by that permit. Upon receipt of written notice from the City of damage or deficiencies to municipal property, the City shall undertake the repair(s) of the said property. The City will then deduct the cost incurred from the damage deposit in accordance with Section 26.1.2 of the City's Building Bylaw. If the cost of repairs to municipal property is greater than the damage deposit provided, the Owner shall pay the amount of the insufficiency to the City forthwith upon receipt of the City's invoice for that amount as per Section 26.1.3 of the City's Building Bylaw.
3. Deliver to the Building Inspector, records of the results of any tests of materials, if the tests are made to ensure conformity with the requirements of the Building Code or of the City's Building Bylaw.
4. The Owner shall give at least 24 hours notice to the City when requesting or scheduling an inspection. Requests may be made by calling City Hall at 250-787-8150 between 8:30am to 4:30pm Monday to Friday.

5. The following inspections are required:

	Footings (prior to pouring concrete)
	Foundation (prior to pouring concrete and survey required before inspection)
	Services
	Pilings
	Grade Beam
	Weeping Tile/ Damp Proofing/ Drain Rock
	Underslab Plumbing (with air or water test)
	Slab Seal
	Rough In Plumbing (with air or water test)
	Framing (prior to insulation/ siding and all plumbing/ mechanical and electrical work completed)
	Insulation and Vapour Barrier (prior to all wall finishes)
	Final Inspection for Occupancy Permit

6. When required, a Building Inspector may request the uncovering of previously covered work, at the Owner's expense, to ensure a proper inspection is performed and approval is attained.
7. Shall post the civic address on a property in a visible location at all times.
8. All material and equipment must be stored on your own property at all times.
9. Sidewalks and roadways must be kept clear of all mud and debris, and be cleaned daily.
10. All applicable City of Fort St. John bylaws must be followed and adhered to.

**Declaration:**

I HEREBY AGREE that neither the granting of a permit, nor the approval of the drawings and specifications, nor inspections made by the Building Inspector, shall in any way relieve the Owner from full responsibility for carrying out or having the work carried out in accordance with the Building Code, the City of Fort St. John Building Bylaw or any bylaws or statutes and regulations relating to any work or undertaking in respect of which this application is made.

I have read and understand the above:

Owner's Declaration is executed by the Owner this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(day) (month) (year)

Owner's Signature:	Witness's Signature:
Owner's Name (print):	Witness's Name (print):
Authorized Agent Signature: (if applicable)	Witness Signature:
Authorized Agent Name (print):	Witness Name (print):