



BP-9 BCBC PART 3 OCCUPANCY APPLICATION CHECKLIST

For Office Use Only Received By: Date:
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Building Permit No. _____

Sublease No. _____

Development Permit No. _____

The following documentation is to be completed and submitted with the Building Permit for all new buildings and additions:

Project Address: _____

Date: _____

DOCUMENTATION			
No.	Submitted	N/ A	Item
1	<input type="checkbox"/>	<input type="checkbox"/>	Schedule "C-A" Coordinating Registered Professional, Assurance of Coordination of Professional Field Review.
2	<input type="checkbox"/>	<input type="checkbox"/>	Schedules "C-B" Assurance of Professional Field Review & Compliance for:
	<input type="checkbox"/>	<input type="checkbox"/>	Architectural
	<input type="checkbox"/>	<input type="checkbox"/>	Structural
	<input type="checkbox"/>	<input type="checkbox"/>	Civil (Site Servicing)
	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical
	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing

DOCUMENTATION			
No.	Submitted	N/ A	Item
	<input type="checkbox"/>	<input type="checkbox"/>	Fire Suppression Systems
	<input type="checkbox"/>	<input type="checkbox"/>	Electrical
	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical
3	<input type="checkbox"/>	<input type="checkbox"/>	Letter of Compliance for Alternative Solution(s) by Registered Professional
4	<input type="checkbox"/>	<input type="checkbox"/>	Verification of landscaping to approved plans by the Landscape Architect or the Architect (Schedule L-3 letter)
5	<input type="checkbox"/>	<input type="checkbox"/>	Above Ground Materials & Test Certificate of Sprinkler System
6	<input type="checkbox"/>	<input type="checkbox"/>	Underground Material & Test Certificate of Sprinkler System
7	<input type="checkbox"/>	<input type="checkbox"/>	Verification of contract with alarm monitoring company
8	<input type="checkbox"/>	<input type="checkbox"/>	Fire Alarm Verification documents
9	<input type="checkbox"/>	<input type="checkbox"/>	Backflow preventer test certificates
10	<input type="checkbox"/>	<input type="checkbox"/>	Field Acceptance test report of emergency generator by manufacturer
11	<input type="checkbox"/>	<input type="checkbox"/>	Fire pump start-up/report
12	<input type="checkbox"/>	<input type="checkbox"/>	Acceptance of elevators by the Provincial Elevator Authority (operating certificate)
13	<input type="checkbox"/>	<input type="checkbox"/>	Final Approval from Vancouver Island Health Authority
14	<input type="checkbox"/>	<input type="checkbox"/>	Copy of Site Survey on formwork location
15	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Permit Final Declaration
16	<input type="checkbox"/>	<input type="checkbox"/>	Final Gas permit approval/sign-off from Provincial Inspector
17	<input type="checkbox"/>	<input type="checkbox"/>	Proof of acceptance of fire safety plan from local Fire Department

All documents must bear the seal & signature of the applicable Registered Professionals and the IP stamp.

I declare that all the above documents are in order, as permanent records for this building.

Applicant

Date

Print Name