

SCHEDULE B

**DISTRICT OF KITIMAT  
ACKNOWLEDGEMENT OF OWNER**



BUILDING INSPECTION DEPARTMENT  
Ph. 250-632-8900 Fax: 250-632-4995

I acknowledge that as the owner of the land in respect of which this permit is issued I am 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 District of Kitimat provides a limited monitoring service in relation to building construction and does not, by accepting or reviewing plans, inspecting construction, monitoring the inspection of construction by others, or 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 District of Kitimat has so indicated on the building permit, I acknowledge that the 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, that the building permit fee has been reduced accordingly, and that the District of Kitimat makes no representations to me or any other person as to any such compliance.

\_\_\_\_\_  
Registered Owner's Name  
(please print)

\_\_\_\_\_  
Signature of Registered Owner or Authorized  
Signatory of Corporate Owner

\_\_\_\_\_  
Contact Phone No.

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Legal Description or Civic Address of Property

Once this document has been duly executed, please return to the District of Kitimat at 270 City Centre, KITIMAT, BC V8C 2H7