

NO VALUE
UNLESS SIGNED BY
DESIGNATED OFFICIALS

RECEIPT

DISTRICT OF NORTH SAANICH
APPLICATION FOR PERMIT TO BLAST

Pursuant to the regulations applicable to the District of North Saanich, I, being the owner or acting with the consent of the owner, hereby make application to blast at 1345 CLARK Hill Rd.

Lot I Block _____ Section 21 Range 1W Plan 1985 Folio 114

I assume the responsibility of ensuring that all work covered by this permit is carried out in accordance with those regulations, whether such work is sublet, day labour or otherwise. Further all work shall conform to all District of North Saanich Bylaws, B.C. Workers' Compensation and Federal Regulations.

Purpose to do some work Estimated Value \$ _____ Insurance 10000

Owner Neil A. Mc Address 1345 Clark Hill Rd. Tel. _____

General Contractor _____ Address _____ Tel. _____

Blasting Contractor W.S. McNeil Address 1175 Howe Street Tel. _____

Blasting Ticket No. 1000 Business Licence No. 130/ 4874 Expiry Date Dec 31/86

[Signature] (Signature of Applicant) Dec 1986 (Date)

BLASTING PERMIT

Permission is hereby given to blast for a period of _____ from the date as below, only at times permitted (see attached).

This permit does not free the holder from the responsibility for any damage done while and due to blasting. The permit is subject, at any time, to cancellation for cause. If blasting operations are to be within the vicinity of a B.C. Hydro power line, B.C. Telephone line or Municipal services the relevant authorities must be notified by applicant. Prior to or at any time during the blasting operations, the District of North Saanich may require such evidence as may be deemed necessary to show that the blasting is not likely to cause damage or nuisance to any person or property.

All work is subject to the B.C. Workers' Compensation Board, Federal Regulations and all Bylaws of the District of North Saanich. Further conditions, if applicable: _____

DATE Dec 6 1986

Permit Fee \$ 25.00

Read and noted permit.
[Signature]
Signature of Applicant

Permit Approval.
FOR S.W. [Signature]
Signature of Director of Services

INSPECTION REPORT

TO BE KEPT POSTED ON PREMISES UNTIL OCCUPANCY INSPECTION COMPLETED

Type of structure Single Family Dwelling Building Permit # 2375
Site Address 1345 Cloake Hill Road Zoned _____
Lot I Block _____ Section 24 Range 1W Plan 47263 Folio 4756
Owner Hori M Horie Address 10608 Madonna Dr Tel. 6566096
Contractor Roger Garside Business Licence # _____ Tel. 7271133

- 1. Blvd. Crossing & Driveway Grade
- 2. Excavation
- 3. Footing Forms & Steel
- 4. Foundation Forms & Steel
- 5. Dampproofing/Perimeter Drainage
- 6. Under-slab Services/Vapour Barrier
- 7. Plumbing Rough-In
- 8. Water Service
- 9. Sanitary Sewer Connection
- 10. Storm Sewer Connection
- 11. Heating/Ventilation
- 12. Chimney/Flues
- 13. Fireplace (damper/hearth)
- 14. Frame (and certificates)
- 15. **Insulation/Vapour Barrier**
- 16. Gypsum Board (before tape/fill)
- 17. Stucco Wire/Lath a) wire & paper
 - b) 1st coat
 - c) 2nd coat
 - d) Finish coat
- 18. CERTIFICATE OF OCCUPANCY ISSUED

Inspector	Date	Comments
Ray Brown	Dec 13/96	2 rows * 4 cont
Ray Brown	Jan 20/97	± 0.6 west
Ray Brown	Jan 20/97	2' ± 0.6 long
Ray Brown	Mar 5/97	
		heat pump etc
		gas
X Kan Jordan	April 18/97	
X Kan Jordan	April 25/97	
Ray Brown	Apr 30/97	
Ray Brown	Apr 11/97	
Ray Brown	Apr 16/97	
Ray Brown	May 5/97	
Ray Brown	July 28/97	

Remarks II Formwork Survey from BCLS
Main floor O.K. April 24/97 Kan Jordan

THIS BUILDING MUST NOT BE OCCUPIED UNTIL A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.

X signed off O.K. in DWS daybook
K.J

BUILDING PERMIT

To erect, alter, add to, repair, move or demolish a structure.

Permit Number 2375

This Permit is issued according to attached application and plans. It is subject to the regulations applicable to the District of North Saanich. All work is to be carried out in accordance with the B.C. Building Code, all Bylaws of the District of North Saanich and submitted plans including any corrections noted by the Building Inspector. No work shall be carried out which departs from the attached plans without prior written approval.

DEC06/96 BAT:1605 3,999.50
RCP:A5898

Type of Structure S.F.D.

Site address 1345 Cloake Hill Road. Zoned _____

Lot I Block _____ Section 24 Range 1W Plan 47263 Folio 4756

Owner hoi m hoie Address 10608 Modford Dr Tel. 656-6096

Constructor Roger Gynside Address _____ Tel. 7271133

Note: House number to be posted at all times. Noise abatement restrictions to be observed. A survey certificate by a registered B.C. Land Surveyor of site and structures required prior to framing of all single family dwellings and/or as required by the Building Inspector. Special notations: All construction to conform to

ONS Zoning Bylaw 750 and current B.C. B.C. (code)

Permit expires Dec. 6, 1997, renewal necessary. Estimate \$ 325,000

PERMIT FEES

Processing Fee \$ <100⁰⁰>

Building \$ 4062⁵⁰~~xx~~

Other \$ —

Storm/Sanitary Connections and/or Septic Disposal System \$ 12/25

SUBTOTAL \$ 3999⁵⁰~~xx~~

Water Connection \$ Rec # / 11744

Driveway Culvert \$ Rec # A-4769

Damage Deposit \$ Rec # A4769

TOTAL \$ 3999⁵⁰~~xx~~

Date: Dec 6/96

Read and noted on, _____ (date)

Inspector: Ken Jackson

Applicant Signature Roger Gynside

Please circle: Owner / Agent of owner

Note: Separate applications/permits required for blasting, plumbing and fireplace/chimney installations.

COMPLETE TOP SECTION ONLY

NEW CONSTRUCTION ALTERATION REPAIR

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION PLAN <u>47263</u> LOT <u>I</u> SECTION <u>24</u> DISTRICT <u>D.N.S</u> BLK. _____ STREET ADDRESS / GENERAL LOCATION <u>1345 CLOAKE HILL RD.</u>		
OWNER INFORMATION WISHES TO RECEIVE CORRESPONDENCE <input checked="" type="checkbox"/>	NAME <u>L. NORIE</u> TELEPHONE NUMBER _____ MAILING ADDRESS <u>RR# 1 556 DOWNIEY RD. SIDNEY ONT. L8L 5M6</u> NUMBER AND STREET CITY POSTAL CODE		
APPLICANT INFORMATION WISHES TO RECEIVE CORRESPONDENCE <input checked="" type="checkbox"/>	NAME <u>P.S.I.</u> TELEPHONE NUMBER _____ MAILING ADDRESS <u>Box 52008 SIDNEY, B.C.</u> <u>U8L 5U9</u> NUMBER AND STREET CITY POSTAL CODE		
PREMISES INFORMATION	SEWAGE DISPOSAL SYSTEM WILL SERVE: <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER SPECIFY _____ ESTIMATED DAILY SEWAGE FLOW <u>375</u>		NUMBER OF BEDROOMS <u>4</u> GARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SYSTEM INFORMATION	METHOD OF EFFLUENT DISTRIBUTION <input checked="" type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE <input type="checkbox"/> SERIAL <input type="checkbox"/> OTHER	MANUFACTURER AND MATERIAL OF APPROVED SEPTIC TANK <u>Dan's SEPTIC</u> LIQUID VOLUME OF SEPTIC TANK <u>750</u> TOTAL LENGTH OF PIPE _____ DIAMETER OF PIPE <u>INFILTRATOR</u>	IF PACKAGE TREATMENT PLANT IS PROPOSED MAKE _____ MODEL _____ TREATMENT CAPACITY _____
SITE INFORMATION COMPLETED SITE INVESTIGATION REPORT REQUIRED	AREA OF LOT: <u>141 x 305</u> SOURCE OF DOMESTIC WATER: <u>MUNICIPAL</u> DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER: FROM OWN WELL _____ FEET FROM NEIGHBOURS WELL _____ FEET FROM STREAM OR LAKE _____ FEET FROM WATER LINES _____ FEET		
RESTRICTIVE COVENANTS AND/OR EASEMENTS	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE DESIGN OR LOCATION OF THE SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, EXPLAIN AND ATTACH DOCUMENTS.		
APPLICANT SIGNATURE	THE INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE: SIGNATURE <u>[Signature]</u> P.S.I. DATE <u>Oct 20/96</u>		

RECEIVED
FEB 19 1997
DISTRICT OF NORTH SAANICH

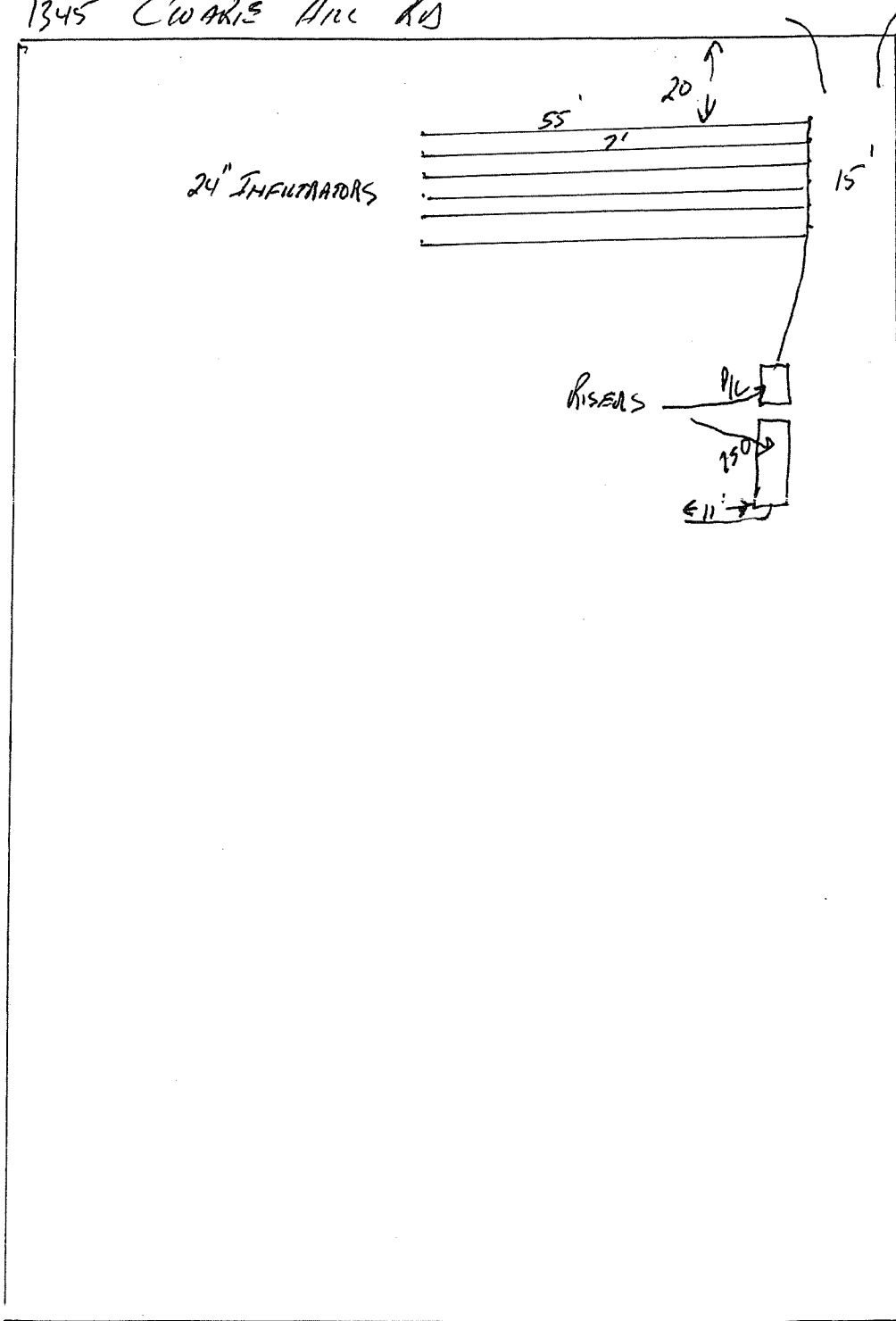
ATTACH THREE SCALED SITE PLANS AND PERCOLATION TEST RESULTS ALONG WITH COMPLETED NOTICE FORM WITH THIS APPLICATION

PERMIT TO CONSTRUCT <input checked="" type="checkbox"/>	PURSUANT TO THIS APPLICATION AND THE C.R.D. ON-SITE DISPOSAL GUIDELINES, AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS.		
CONDITIONS	Alternative method. Pump/pump chamber required. Pressure distribution. Final system plan required. 250' disposal pipe required. Filter/screen. Elevation of land will necessitate that the sewage disposal system be located as far as possible to the east side of the tested area. This would require that the access be maintained on the west boundary. Trenches to be constructed maximum of 6" - 12" below existing grade and perc soil material provided for cover around and over chambers.		
APPLICATION REJECTED <input type="checkbox"/>	REASONS		
OFFICE USE ONLY PAID <input checked="" type="checkbox"/> \$ <u>250</u> AMOUNT <u>60762</u> # OF RECEIPT <u>0229/96</u> DATE <u>W.D.</u>	E.H.O./P.H.I. <u>[Signature]</u> DATE <u>96. Nov 4.</u> NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER. AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BYLAWS. THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES ONE YEAR FROM THE DATE OF ISSUE.		
FOLIO NUMBER	BACKFILLING AND USE AUTHORIZED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO COMMENTS <u>No building at time of final.</u>		
FINAL <input checked="" type="checkbox"/>	SIGNATURE <u>[Signature]</u> DATE <u>97 Feb 10</u>		

As Built Dec 13/96

LORIE

1345 COWARIE Hill Rd



House not built
at time of final.

97-02-10.

COMPLETE TOP SECTION ONLY

NEW CONSTRUCTION ALTERATION REPAIR

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION PLAN <u>47263</u> LOT <u>H</u> SECTION <u>24</u> DISTRICT <u>N. SANWICH</u> BLK. _____ STREET ADDRESS / GENERAL LOCATION <u>CLOAKE HILL ROAD</u>		
OWNER INFORMATION WISHES TO RECEIVE CORRESPONDENCE <input type="checkbox"/>	NAME <u>PERMCO DEVELOPMENT CO. LTD.</u> TELEPHONE NUMBER _____ MAILING ADDRESS <u>208-1175 DOUGLAS ST. VICTORIA</u> <u>V8W-2P3</u> NUMBER AND STREET CITY POSTAL CODE		
APPLICANT INFORMATION WISHES TO RECEIVE CORRESPONDENCE <input type="checkbox"/>	NAME <u>JOHN HOSICK</u> TELEPHONE NUMBER <u>356 9203</u> MAILING ADDRESS <u>9750 GLENELG</u> <u>SIDNEY</u> <u>V8L 3S1</u> NUMBER AND STREET CITY POSTAL CODE		
PREMISES INFORMATION	SEWAGE DISPOSAL SYSTEM WILL SERVE: <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER SPECIFY _____ ESTIMATED DAILY SEWAGE FLOW <u>375 GALLONS</u>		NUMBER OF BEDROOMS <u>4</u> CARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SYSTEM INFORMATION	METHOD OF EFFLUENT DISTRIBUTION <input type="checkbox"/> GRAVITY <input checked="" type="checkbox"/> PRESSURE <input type="checkbox"/> SERIAL <input type="checkbox"/> OTHER	MANUFACTURER AND MATERIAL OF APPROVED SEPTIC TANK <u>ST. CYR, DAN'S, ETC. CONCRETE</u> LIQUID VOLUME OF SEPTIC TANK <u>MINIMUM 750 GALLONS</u> TOTAL LENGTH OF PIPE <u>65.4m (215 FT)</u> DIAMETER OF PIPE <u>25mm (1.0")</u>	IF PACKAGE TREATMENT PLANT IS PROPOSED MAKE <u>N/A</u> MODEL TREATMENT CAPACITY _____
SITE INFORMATION COMPLETED SITE INVESTIGATION REPORT REQUIRED	AREA OF LOT: <u>± 4000 m²</u> SOURCE OF DOMESTIC WATER: <u>GVWD</u> DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER: FROM OWN WELL <u>N/A</u> FEET FROM NEIGHBOURS WELL <u>N/A</u> FEET FROM STREAM OR LAKE <u>N/A</u> FEET FROM WATER LINES <u>TO BE MW 10</u> FEET		
RESTRICTIVE COVENANTS AND/OR EASEMENTS	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE DESIGN OR LOCATION OF THE SYSTEM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, EXPLAIN AND ATTACH DOCUMENTS.		
APPLICANT SIGNATURE	THE INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE: SIGNATURE <u>[Signature]</u> DATE <u>Nov 20 / 96</u>		

ATTACH THREE SCALED SITE PLANS AND PERCOLATION TEST RESULTS ALONG WITH COMPLETED NOTICE FORM WITH THIS APPLICATION

PERMIT TO CONSTRUCT <input checked="" type="checkbox"/>	<p>PURSUANT TO THIS APPLICATION AND THE C.R.D. ON-SITE DISPOSAL GUIDELINES, AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS.</p> <p>ALTERNATIVE METHOD. PUMP/PUMP CHAMBER REQUIRED. PRESSURE DISTRIBUTION. PERC SOIL MATERIAL FOR COVER ONLY. FILTER/SCREEN. GRAVELLESS TRENCH INSTALLATION IN ACCORDANCE WITH CRD GUIDELINES. MAXIMUM 12" INTO NATURAL SOIL. LAY 3-4" CLEAN SAND ON BASE OF TRENCHES. FINAL SYSTEM PLAN REQUIRED.</p> <p>E.H.O./P.H.I. <u>[Signature]</u> DATE <u>96 Nov 29</u> NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER. AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BYLAWS. THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES ONE YEAR FROM THE DATE OF ISSUE.</p>
CONDITIONS	
APPLICATION REJECTED <input type="checkbox"/>	
REASONS	
OFFICE USE ONLY PAID <input checked="" type="checkbox"/> \$ <u>250</u> AMOUNT <u>61902</u> # OF RECEIPT <u>Nov 21 / 96</u> DATE <u>W.O.</u>	
FOLIO NUMBER	BACKFILLING AND USE AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO COMMENTS _____
FINAL <input type="checkbox"/>	SIGNATURE _____ DATE _____

NOTICE

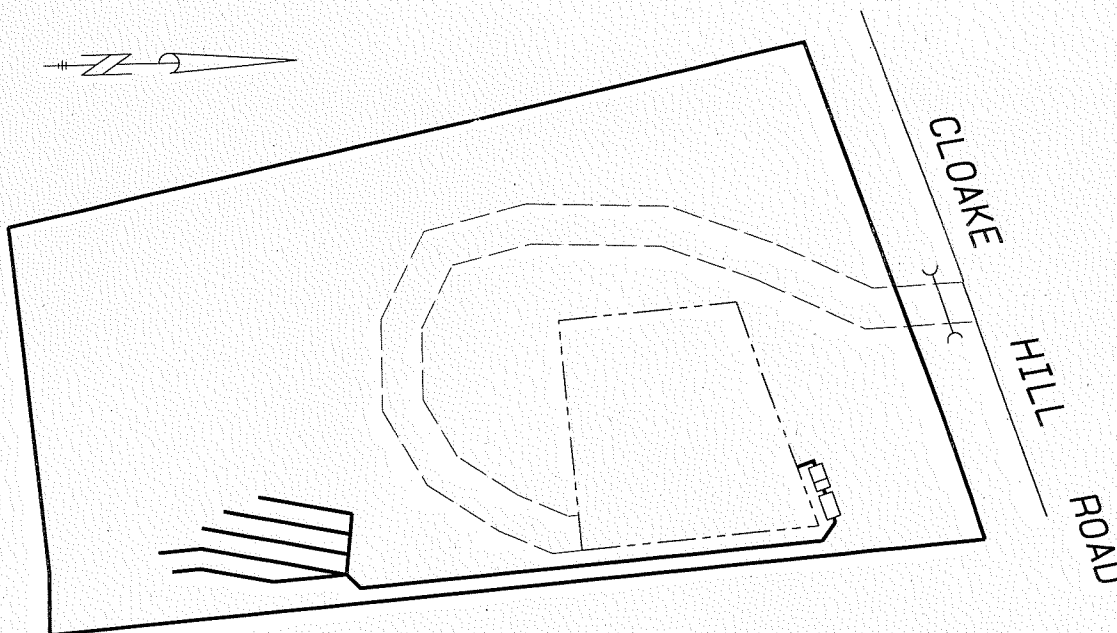
This notice must be posted in a conspicuous place on the parcel for which the permit is issued not more than 3 days after the date the permit is issued and must remain posted for 30 consecutive days from the date the permit is issued.

Persons who consider themselves aggrieved by a decision made under the Sewage Disposal Regulation are eligible to file an appeal under section 5 (3)(a) of the Health Act.

A Notice of appeal must be delivered by hand, facsimile, or registered mail to the Chair of the Environmental Appeal Board, Parliament Buildings, Victoria, B.C. V8V 1X4 within 30 days of the issuance of the permit. Please contact your local Health Unit or the E.A.B. at 387 - 3464 for information on appeal procedures.

Site Plan of Proposed Sewage Disposal System

SCALE
1:750



PERMIT TO CONSTRUCT <input checked="" type="checkbox"/>	<p>PURSUANT TO THIS APPLICATION AND THE C.R.D. ON-SITE DISPOSAL GUIDELINES, AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS.</p> <p>ALTERNATIVE METHOD. PUMP/PUMP CHAMBER REQUIRED. PRESSURE DISTRIBUTION. PERC SOIL MATERIAL FOR COVER ONLY. FILTER/SCREEN. GRAVELLESS TRENCH INSTALLATION IN ACCORDANCE WITH CRD GUIDELINES. MAXIMUM 12" INTO NATURAL SOIL. LAY 3-4" CLEAN SAND ON BASE OF TRENCHES. FINAL SYSTEM PLAN REQUIRED.</p>
CONDITIONS	
APPLICATION REJECTED <input type="checkbox"/>	
REASONS	
<p>E.H.O./P.H.I. <i>[Signature]</i> DATE <i>9/6/01 29</i></p> <p>NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER. AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BYLAWS. THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES ONE YEAR FROM THE DATE OF ISSUE.</p>	

COMPLETE TOP SECTION ONLY

NEW CONSTRUCTION ALTERATION REPAIR

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION		
	PLAN <u>47263</u>	LOT <u>I</u>	SECTION <u>24</u> DISTRICT <u>D.N.S</u> BLK. _____
	STREET ADDRESS / GENERAL LOCATION <u>1345 CLOAKE HILL RD.</u>		
OWNER INFORMATION	NAME <u>L. NORIE</u>		TELEPHONE NUMBER _____
WISHES TO RECEIVE CORRESPONDENCE <input checked="" type="checkbox"/>	MAILING ADDRESS <u>RR# 1 556 DOWNNEY RD. SIDNEY</u>		CITY <u>U8L 5M6</u> POSTAL CODE _____
APPLICANT INFORMATION	NAME <u>P.S.I.</u>		TELEPHONE NUMBER _____
WISHES TO RECEIVE CORRESPONDENCE <input checked="" type="checkbox"/>	MAILING ADDRESS <u>Box 52008 SIDNEY, B.C.</u>		CITY _____ POSTAL CODE <u>U8L 5V9</u>
PREMISES INFORMATION	SEWAGE DISPOSAL SYSTEM WILL SERVE:		NUMBER OF BEDROOMS <u>4</u>
	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER SPECIFY _____		GARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	ESTIMATED DAILY SEWAGE FLOW <u>375</u>		
SYSTEM INFORMATION	METHOD OF EFFLUENT DISTRIBUTION	MANUFACTURER AND MATERIAL OF APPROVED SEPTIC TANK	IF PACKAGE TREATMENT PLANT IS PROPOSED
	<input checked="" type="checkbox"/> GRAVITY	<u>DAN'S SEPTIC</u>	MAKE _____
	<input type="checkbox"/> PRESSURE	LIQUID VOLUME OF SEPTIC TANK	MODEL _____
	<input type="checkbox"/> SERIAL	<u>750</u>	TREATMENT CAPACITY _____
	TOTAL LENGTH OF PIPE	DIAMETER OF PIPE	
		<u>1 IN FILTERATOR</u>	
SITE INFORMATION	AREA OF LOT: <u>141 x 305</u> SOURCE OF DOMESTIC WATER: <u>MUNICIPAL</u>		
COMPLETED SITE INVESTIGATION REPORT REQUIRED	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER:		
	FROM OWN WELL _____ FEET	FROM NEIGHBOURS WELL _____ FEET	
	FROM STREAM OR LAKE _____ FEET	FROM WATER LINES _____ FEET	
RESTRICTIVE COVENANTS AND/OR EASEMENTS	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE DESIGN OR LOCATION OF THE SYSTEM?		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, EXPLAIN AND ATTACH DOCUMENTS.		
APPLICANT SIGNATURE	THE INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:		
	SIGNATURE <u>[Signature]</u> P.S.I.		DATE <u>Oct 20/96</u>

ATTACH THREE SCALED SITE PLANS AND PERCOLATION TEST RESULTS ALONG WITH COMPLETED NOTICE FORM WITH THIS APPLICATION

PERMIT TO CONSTRUCT	PURSUANT TO THIS APPLICATION AND THE C.R.D. ON-SITE DISPOSAL GUIDELINES, AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS.		
<input checked="" type="checkbox"/>			
CONDITIONS	Alternative method. Pump/pump chamber required. Pressure distribution. Final system plan required. 250' disposal pipe required. Filter/screen. Elevation of land will necessitate that the sewage disposal system be located as far as possible to the east side of the tested area. This would require that the access be maintained on the west boundary. Trenches to be constructed maximum of 6" - 12" below existing grade and perc soil material provided for cover around and over chambers.		
APPLICATION REJECTED	<input type="checkbox"/>		
REASONS			
OFFICE USE ONLY PAID <input checked="" type="checkbox"/> #250			
AMOUNT <u>60762</u>			
# OF RECEIPT <u>2229/96</u>			
DATE <u>W.D.</u>	E.H.O./P.H.I. <u>[Signature]</u>	DATE <u>96. Nov 4.</u>	
	NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER. AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BYLAWS. THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES ONE YEAR FROM THE DATE OF ISSUE.		
FOLIO NUMBER	BACKFILLING AND USE AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO		
	COMMENTS _____		
FINAL	<input type="checkbox"/>		
	SIGNATURE _____		DATE _____

NOTICE

This notice must be posted in a conspicuous place on the parcel for which the permit is issued not more than 3 days after the date the permit is issued and must remain posted for 30 consecutive days from the date the permit is issued.

Persons who consider themselves aggrieved by a decision made under the Sewage Disposal Regulation are eligible to file an appeal under section 5 (3)(a) of the Health Act.

A Notice of appeal must be delivered by hand, facsimile, or registered mail to the Chair of the Environmental Appeal Board, Parliament Buildings, Victoria, B.C. V8V 1X4 within 30 days of the issuance of the permit. Please contact your local Health Unit or the E.A.B. at 387 - 3464 for information on appeal procedures.

Site Plan of Proposed Sewage Disposal System

SCALE

N/A.

LOT I 1345 CLOAKE Hill Rd



CLOAKE HILL RD.

N →

PERMIT TO CONSTRUCT

CONDITIONS

APPLICATION REJECTED

REASONS

PURSUANT TO THIS APPLICATION AND THE C.R.D. ON-SITE DISPOSAL GUIDELINES, AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS.

Alternative method. Pump/pump chamber required. Pressure distribution. Final system plan required. 250' disposal pipe required. Filter/screen. Elevation of land will necessitate that the sewage disposal system be located as far as possible to the east side of the tested area. This would require that the access be maintained on the west boundary. Trenches to be constructed maximum of 6" - 12" below existing grade and perc soil material provided for cover around and over chambers.

E.H.O./P.H.I.

DATE

96-Nov-4

NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER. AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BYLAWS. THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES ONE YEAR FROM THE DATE OF ISSUE.

Health

HEALTH PROTECTION & ENVIRONMENT DIVISION

APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

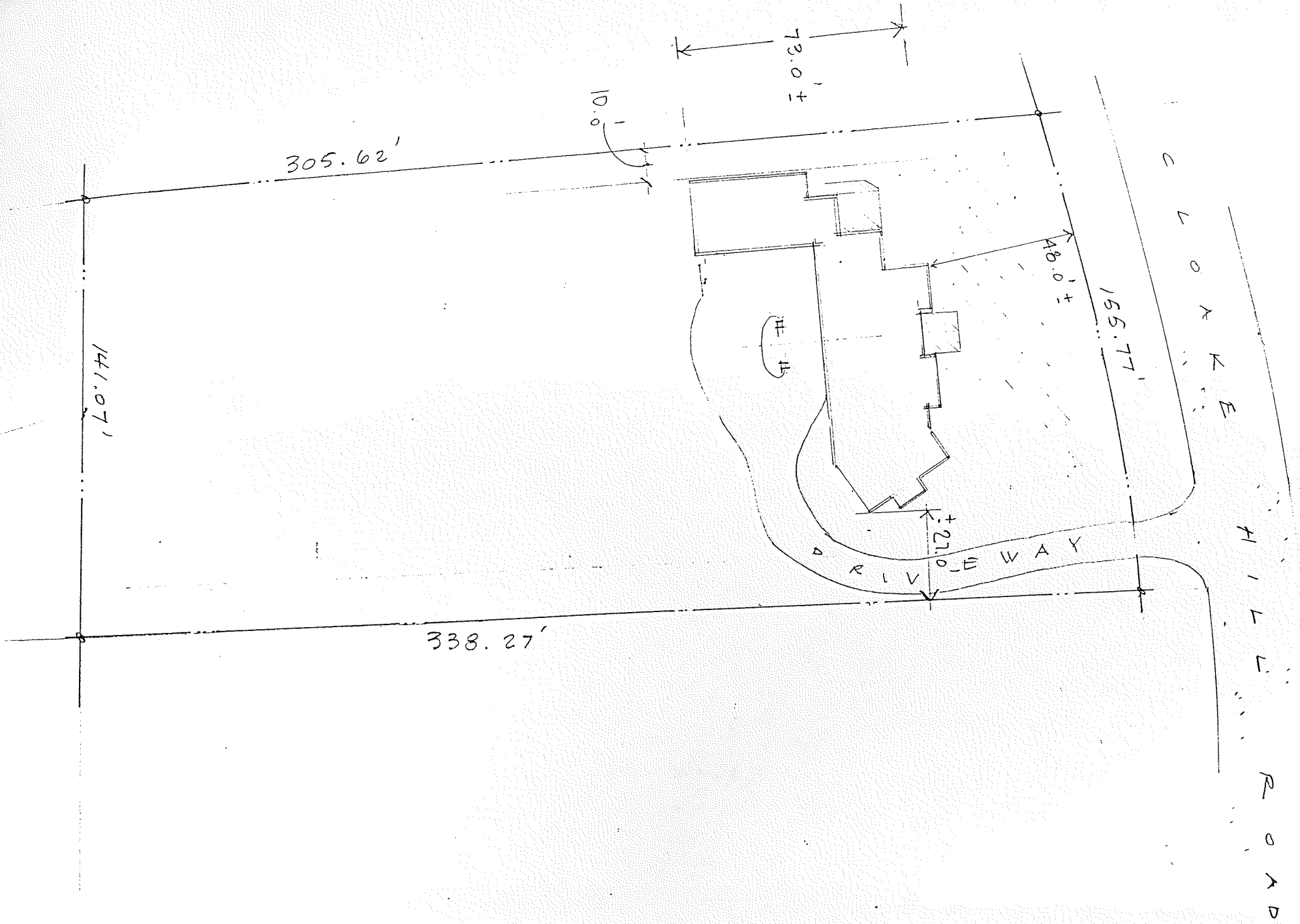
COMPLETE TOP SECTION ONLY

NEW CONSTRUCTION ALTERATION REPAIR

LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION		
	PLAN <u>47263</u>	LOT <u>I</u>	SECTION <u>24</u> DISTRICT <u>D.M.S</u> BLK. _____
STREET ADDRESS / GENERAL LOCATION <u>1345 CLOAKE HILL RD.</u>			
OWNER INFORMATION	NAME <u>L. NORIE</u> TELEPHONE NUMBER _____		
	WISHES TO RECEIVE CORRESPONDENCE <input checked="" type="checkbox"/>	MAILING ADDRESS <u>RR # 1 556 DOWNEY RD. SIDNEY</u> U8L 5M6 NUMBER AND STREET CITY POSTAL CODE	
APPLICANT INFORMATION	NAME <u>P.S.I.</u> TELEPHONE NUMBER _____		
	WISHES TO RECEIVE CORRESPONDENCE <input checked="" type="checkbox"/>	MAILING ADDRESS <u>Box 52008 SIDNEY, B.C.</u> U8L 5U9 NUMBER AND STREET CITY POSTAL CODE	
PREMISES INFORMATION	SEWAGE DISPOSAL SYSTEM WILL SERVE:		NUMBER OF BEDROOMS <u>4</u>
	<input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> DUPLEX <input type="checkbox"/> OTHER SPECIFY _____	ESTIMATED DAILY SEWAGE FLOW <u>375</u>	GARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SYSTEM INFORMATION	METHOD OF EFFLUENT DISTRIBUTION		MANUFACTURER AND MATERIAL OF APPROVED SEPTIC TANK
	<input checked="" type="checkbox"/> GRAVITY <input type="checkbox"/> PRESSURE <input type="checkbox"/> SERIAL <input type="checkbox"/> OTHER	LIQUID VOLUME OF SEPTIC TANK <u>750</u>	
	TOTAL LENGTH OF PIPE _____		DIAMETER OF PIPE <u>INFILTRATOR</u>
	IF PACKAGE TREATMENT PLANT IS PROPOSED MAKE _____ MODEL _____ TREATMENT CAPACITY _____		
SITE INFORMATION	AREA OF LOT: <u>141 x 305</u>		SOURCE OF DOMESTIC WATER: <u>MUNICIPAL</u>
	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER:		
	FROM OWN WELL _____ FEET	FROM NEIGHBOURS WELL _____ FEET	FROM WATER LINES _____ FEET
RESTRICTIVE COVENANTS AND/OR EASEMENTS	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE DESIGN OR LOCATION OF THE SYSTEM?		
	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, EXPLAIN AND ATTACH DOCUMENTS.	
APPLICANT SIGNATURE	THE INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:		
	SIGNATURE <u>[Signature]</u> P.S.I.		DATE <u>Oct 20/96</u>

ATTACH THREE SCALED SITE PLANS AND PERCOLATION TEST RESULTS ALONG WITH COMPLETED NOTICE FORM WITH THIS APPLICATION

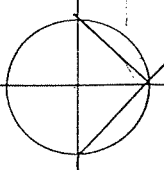
PERMIT TO CONSTRUCT	PURSUANT TO THIS APPLICATION AND THE C.R.D. ON-SITE DISPOSAL GUIDELINES, AND THE SEWAGE DISPOSAL REGULATIONS, PERMISSION IS HEREBY GRANTED FOR THE CONSTRUCTION OF A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS.		
	CONDITIONS		
APPLICATION REJECTED	REASONS		
OFFICE USE ONLY	E.H.O./P.H.I. _____ DATE _____		
PAID <input type="checkbox"/>	NOTE: CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER. AUTHORIZATION TO USE A SEWAGE DISPOSAL SYSTEM MUST BE GRANTED IN WRITING BY THE AUTHORITY HAVING JURISDICTION BEFORE BACKFILLING. CHECK WITH YOUR LOCAL AUTHORITIES REGARDING BUILDING AND ZONING BYLAWS. THIS PERMIT IS NOT TRANSFERABLE AND EXPIRES ONE YEAR FROM THE DATE OF ISSUE.		
AMOUNT	FOLIO NUMBER _____		
# OF RECEIPT	BACKFILLING AND USE AUTHORIZED <input type="checkbox"/> YES <input type="checkbox"/> NO		
DATE	COMMENTS _____		
	FINAL <input type="checkbox"/>		
	SIGNATURE _____		DATE _____



**DESIGN
ZONE**

Architectural Design and Drafting

1500 QUADRA, UNIT B, VICTORIA B.C. V8W 3K6
 PH# 388-DRAW (3729) FAX # 388-7155

PLAN # SP-228	SCALE: 1" = 40'	 NORTH
DATE: OCT. 19/96	DRAWN BY: J.M.	
SITE PLAN 1345 CLOAKE HILL ROAD		PAGE ↑↓ of ONE
LOT 1		
THE PROPOSED 'NORIE RES,		
BY: ROGER GARSIDE CONST. ph: 727-1133		



DISTRICT OF NORTH SAANICH

Municipal Office, 1620 Mills Road, North Saanich, B.C. Phone: 656-0781
Mailing Address: P.O. Box 2639, Sidney, B.C. V8L 4C1 Fax: 656-3155

CONSTRUCTION PERMIT APPLICATION (By-Law 46)

Construction Permit # 96-39

Applicant's Name: ROGER GARSIDE CONST. Telephone # 727-1133

Address: 11010 LARKSPUR LN.

Construction Site Address: 1345 CLOAKE HILL ROAD

Legal Description: Lot I Section 24 Block _____ Range 1W Plan 47263

Date: NOV. 13/96 Applicant's Signature: Roger Garside

Details of Permit Requested: CULVERT, WATER METER
DRIVEWAY, CLEARING, SEPTIC, EXCAVATION

Contractor's contact personnel: (Must be available 24 hours a day throughout construction period)

- 1. ROGER GARSIDE Phone No. 727-1133
- 2. ROB MORRIS Phone No. 656-7114
- 3. CHRIS COWARD Phone No. 721-3904

Permit Conditions: (For Office Use Only)

- ALL ROADS & BOULEVARDS TO BE MAINTAINED IN GOOD CONDITION THROUGHOUT CONSTRUCTION PERIOD
- D.N.S. TO INSTALL WATER METER
- CONSTRUCT DRIVEWAY TO D.N.S. STANDARD CONTACT D.N.S. FOR INSPECTION WHEN COMPLETED CERTIFIED DRIVEWAY PLAN / PROFILE MAY BE REQ'D AT THIS TIME OR PRIOR TO ISSUANCE OF BUILDING PERMIT.
- C.R.D. TO APPROVE ALL ASPECTS OF SEPTIC FIELD.
- TREE REMOVAL TO CONFORM TO ATTACHED BYLAW # 787

Damage Deposit Receipt # 11744 \$ 500 (If Applicable)

Date: NOV. 14 196 Signature: [Signature]
(for: Municipal Engineer)

/usr/sy1v1a/BulldDeptForm/ConstPermitApp (Updated Jul 1995)

- D.N.S. TO INSTALL CULVERT & CONSTRUCT DRIVEWAY TO PROPERTY LINE.

FOLIO # 4756
LATECOMER'S AGREEMENT

Yes _____
No _____

DISTRICT OF NORTH SAANICH

ATTACHED TO AND FORMING PART OF BY-LAW NO. 118

APPLICATION FOR WATER CONNECTION
TO THE DISTRICT OF NORTH SAANICH

I/We ROGER GARSIDE Owner/Agent of owner, hereby make application for

water connection to: 1345 Caloake Hill Rd.

Legal description of property: LOT I, Sec. 24, Pgs. 1W, Plan 47263

Size of Service Connection:

Consumer Classification:

I herewith tender the sum of \$ 650 to cover the cost of such connection, and further agree to pay the amount assessed against the aforesaid property from time to time in respect to the said water pursuant to the provisions of the By-laws of the District of North Saanich.

Date: Nov. 13/96

Roger Garside
Signature of owner or agent

APPLICATION FOR THE SUPPLY OF WATER

I/We ROGER GARSIDE Owner/Agent of owner, hereby make application for the

supply of water to: 1345 Caloake Hill Rd.

Legal description of property: Lot I, Sec. 24, Pgs. 1W, Plan 47263

and agree to abide by the terms and conditions as established by By-law No. 118 and amendments thereto, regulating the supply and use of the water utility of the Municipality.

Date: Nov 13/96

Roger Garside
Signature of owner or agent

Please mail bills to:

Pd. #650
Receipt #11744
W.O. #6040-021