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CAPITAL REGIONAL DISTRICT
 PLANNING AND PROTECTIVE SERVICES
 BUILDING INSPECTION SALT SPRING ISLAND
 #206-118 Fulford-Ganges Road
 Salt Spring Island, BC Canada V8K 2S4

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THIS IS A SUMMARY OF OUR RECORDS FOR THIS PROPERTY. IT DOES NOT INCLUDE COMPREHENSIVE DOCUMENTATION.

Date: **March 12, 2013**

INTERESTED PARTIES SHOULD CONFIRM THAT RECORDS ON FILE MATCH STRUCTURES ON THE PROPERTY. FUTURE OWNERS MAY HAVE OBLIGATIONS FOR STRUCTURES BUILT WITHOUT PROPER PERMITS.

To: **Real Estate Agent**

Re: **Street Address: 420 Fulford-Ganges Road**
Legal: Lot B Section 18 Plan 63143
Folio: 764.00790.020

Type of Structure: **No records on dwelling**

Building Permit - Issued: **Number:**
 Building Permit - Occupancy:

(For information concerning septic tank and system, please contact the Vancouver Island Health Authority at ph: 1-250-519-3401 fax 1-250-519-3402)

Other Information on File

SS98-344	Dec 22, 1998	Addition Single Family Dwelling 360 Sq Ft	Complete Oct 27, 1999
SS01-084	Mar 7, 2001	Foundation under existing accessory	Complete Oct 10, 2003
SS05-060	Feb 22, 2005	Addition Single Family Dwelling - Deck 422 Sq Ft	Complete June 10, 2005
SS09-209	Jul 6, 2009	Accessory Bldg -Studio - 468 Sq Ft + Deck - 400 Sq Ft	Complete Sep 22, 2011

No other information on file

ANY QUESTIONS REGARDING LAND USE SHOULD BE ADDRESSED TO THE ISLANDS TRUST

The information provided is subject to and protected by the Freedom of Information and Protection of Privacy Legislation.



APPLICATION FOR SEWAGE DISPOSAL SYSTEM PERMIT

COMPLETE TOP SECTION ONLY

NEW CONSTRUCTION ALTERATION REPAIR

POSTED

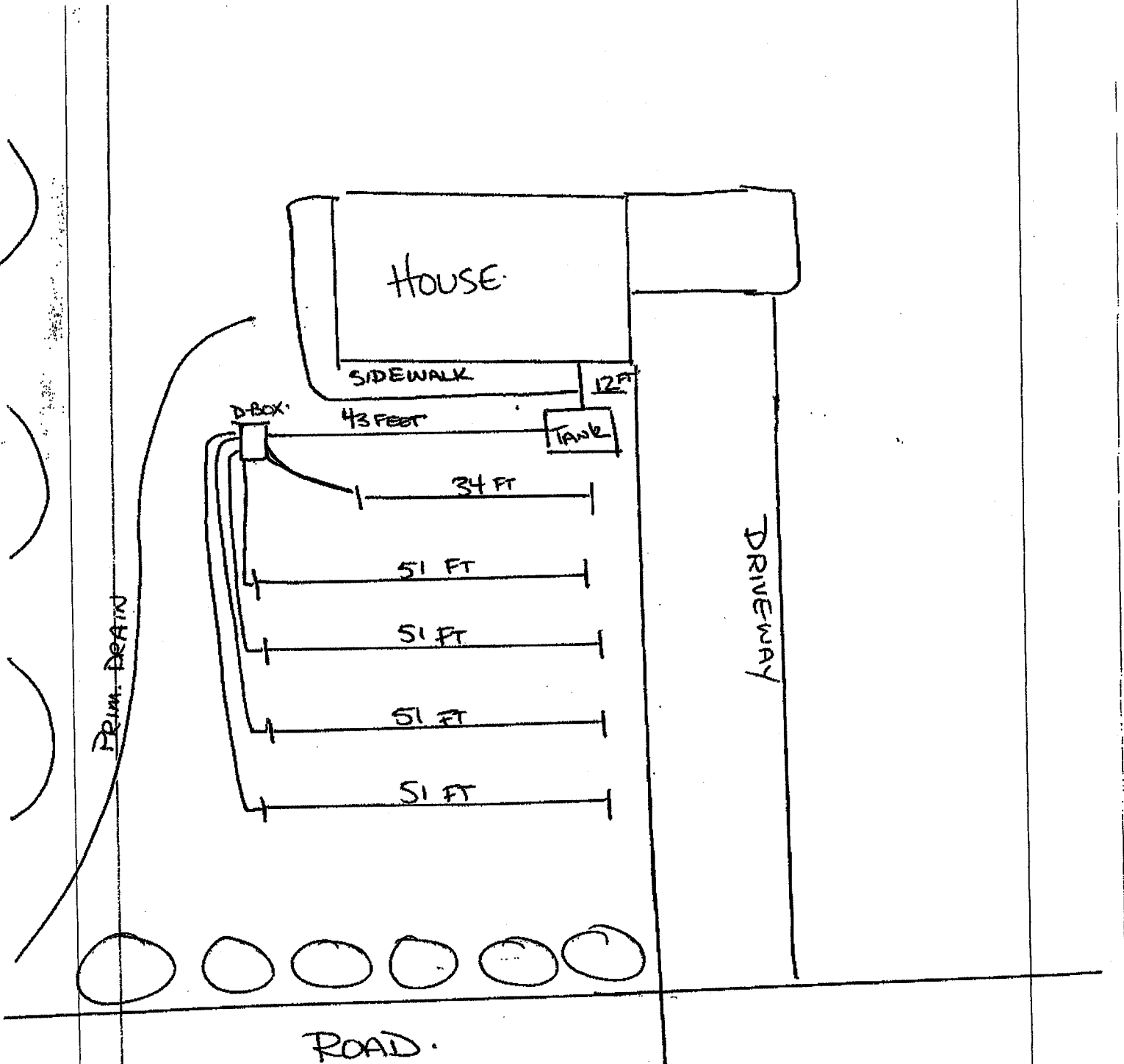
LOT/PARCEL INFORMATION	LEGAL DESCRIPTION OF PROPOSED DISPOSAL SYSTEM LOCATION		
	PLAN <i>VIP 63143</i> LOT <i>B</i>	SECTION <i>18</i>	DISTRICT <i>CD</i> BLOCK
OWNER <input type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	STREET ADDRESS/GENERAL LOCATION <i>420 FULLERD CAVES RD</i>		
	[REDACTED]		
APPLICANT <input type="checkbox"/> WISHES TO RECEIVE CORRESPONDENCE	NAME <i>as above</i>		TELEPHONE
	MAILING ADDRESS	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 _____		NUMBER OF BEDROOMS <i>4</i>
	ESTIMATED DAILY SEWAGE FLOW <i>450 @ per day</i>		GARBURATOR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SYSTEM INFORMATION	APPROVED SEPTIC TANK	APPROVED PACKAGE TREATMENT PLANT	SAND MOUND INFILTRATION BED AREA
	MANUFACTURER	MAKE	METHOD OF EFFLUENT DISTRIBUTION
	MATERIAL	MODEL	PIPE DIAMETER _____
	LIQUID VOLUME OF SEPTIC TANK <i>11000</i>	TREATMENT CAPACITY	TOTAL LENGTH OF PIPE CHAMBER <i>350ft</i>
SITE INFORMATION	AREA OF LOT: <i>.73 acre</i>		SOURCE OF DOMESTIC WATER: <i>Mt Maxwell</i>
	DISTANCES OF PROPOSED DISPOSAL FIELD TO SOURCES OF DOMESTIC WATER & BODIES OF NON-TIDAL WATER:		
	FROM OWN WELL: <i>X</i>	FROM STREAM OR LAKE: <i>X</i>	
	FROM NEIGHBOURS WELL: <i>X</i>	FROM WATER LINES: <i>over 10 ft</i>	
COMPLETED SITE INVESTIGATION REPORT REQUIRED	ARE THERE ANY RESTRICTIVE COVENANTS AND/OR EASEMENTS WHICH WILL AFFECT THE LOCATION OF THE SYSTEM? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. IF YES, EXPLAIN AND ATTACH DOCUMENTS		
	THE INFORMATION ON THIS APPLICATION IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE:		
SIGNATURE	SIGNATURE: [REDACTED]		DATE: <i>June 5/2003</i>

ATTACH A SITE PLAN TO THE COMPLETED APPLICATION PACKAGE (Application Form, Notice, Authorization and Site Investigation Report)

PERMIT NUMBER	PURSUANT TO THIS APPLICATION, THE ONSITE SEWAGE DISPOSAL GUIDELINES AND THE SEWAGE DISPOSAL REGULATION, PERMISSION IS HEREBY GRANTED TO CONSTRUCT, INSTALL, ALTER OR REPAIR A SEWAGE DISPOSAL SYSTEM. THIS PERMIT MAY BE CANCELLED IF VARIATIONS ARE MADE TO THESE PLANS AND SPECIFICATIONS. CONSTRUCTION MUST NOT COMMENCE UNTIL THIS PERMIT HAS BEEN SIGNED BY THE MEDICAL HEALTH OFFICER OR ENVIRONMENTAL HEALTH OFFICER.		
PERMIT TO CONSTRUCT	INFORM ATTEMPT TO CORRECT A MALFUNCTION ORIGINAL SYSTEM INSTALLED PRIOR TO DECEMBER 30, 1983.		
CONDITIONS	ALTERNATE METHOD - SEPTIC TANK FILTER CLOTH REQUIRED OVER CHAMBERS IN SHALLOW TRENCH (24" WIDE X 18" DEEP) FILTER SCREEN REQUIRED ON INLET OF SEPTIC TANK INSTALL AN INTERCEPTOR DRAIN BETWEEN HOUSE & POND FINAL SYSTEM PLAN REQUIRED		
APPLICATION REJECTED REASONS	[REDACTED]		
OFFICE USE ONLY	[REDACTED]		
PAID	E.H.O. <i>[Signature]</i>		DATE <i>June 6/03</i>
AMOUNT	NOTE: 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.		
# OF RECEIPTS	BACKFILLING AND USE AUTHORIZED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
DATE	COMMENTS: <i>MAINTAIN ACCESS TO SEPTIC TANK</i>		
INITIAL	DATE: <i>July 11/03</i>		DATE: <i>July 11/03</i>

FINAL

Information on this permit is for use of the system only. This permit is not transferable and expires one year from the date of issue. The authority does not guarantee as to the accuracy of the information provided and the recipient is required to confirm all information.



M. P. P. P.
 July 10/03