Please read [A Guide to Requesting a Local Authority Variation](https://www.gov.bc.ca/gov/content/industry/construction-industry/building-codes-standards/building-act/building-act-guide) before completing this application.

Local authorities may apply to request a local authority variation, i.e., a technical building requirement or set of requirements that differs from a requirement in provincial building regulations, under Section 7 of the *Building Act*.

Adobe Reader is the recommended software to fill out this application.

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| **🗖 Single Application (only one local authority)**  **🗖 Joint Application (more than one local authority)** |
| **Application Information** |
| **Primary Applicant** Name of the local authority completing and submitting the application. |
|  |
| **Primary Applicant’s Contact** Contact person for the local authority submitting the application. The contact person does not have to be the same individual who signs the application (see page 7). |
| First Name Last Name |
| Job Title |
| Street Address |
| City Province Postal Code |
| Telephone |
| Email Address  Confirm Email Address |
| **Primary Applicant’s Alternate Contact** In the event the contact (named above) is unavailable. |
| First Name Last Name |
| Job Title |
| Local Authority/Jurisdiction |
| Telephone |
| Email Address  Confirm Email Address |

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| **Joint Application Information**  If this is not a joint application, skip to Section 1. |
| **Co-applicant (jurisdiction)** Each local authority included in the request must complete this section.  If you require additional co-applicant sections, please fill out the supplemental joint application section on page 3. |
|  |
| **Co-applicant’s Contact** Contact person with other local authority in a joint application. The Building and Safety Standards Branch will contact the first co-applicant listed, if the Primary Applicant contact and the Primary Applicant’s alternate contact (named above) are unavailable. |
| First Name Last Name |
| Job Title |
| Telephone |
| Email Address  Confirm Email Address |
| **Co-applicant (other local authority)** |
|  |
| **Co-applicant’s Contact** |
| First Name Last Name |
| Job Title |
| Telephone |
| Email Address  Confirm Email Address |
| **Co-applicant (other local authority)** |
|  |
| **Co-applicant Contact** |
| First Name Last Name |
| Job Title |
| Telephone |
| Email Address  Confirm Email Address |

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| **Supplemental Joint Application Contact Information**  Duplicate this page for additional co-applicants, if required. |
| **Co-applicant (jurisdiction)** Each local authority included in the request must complete this section.  If you require additional co-applicant sections, please save and fill in a copy of this page to submit with your application. |
|  |
| **Co-applicant’s Contact** |
| First Name Last Name |
| Job Title |
| Telephone |
| Email Address  Confirm Email Address |
| **Co-applicant (other local authority)** |
|  |
| **Co-applicant’s Contact** |
| First Name Last Name |
| Job Title |
| Telephone |
| Email Address  Confirm Email Address |
| **Co-applicant (other local authority)** |
|  |
| **Co-applicant Contact** |
| First Name Last Name |
| Job Title |
| Telephone |
| Email Address  Confirm Email Address |

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| **Section 1**  **Technical Building Requirement** | |
| **a. Provide the proposed technical language that can be applied and enforced in the local jurisdiction.** | |
|  | |
| **b. Provide the language for the requirement’s application and administrative provisions.** | |
|  | |
| **Section 1**  **Technical Building Requirement** | |
| **c. Reference the source of the requirement’s language, e.g., an existing building requirement in another jurisdiction.** | |
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| **Section 2**  **Specific, Local Need** | |
| **a. Explain the specific local need,** **circumstance, or condition that requires a variation from existing provincial building regulations.** | |
|  | |
| **Section 2**  **Specific, Local Need** | |
| **b. Explain the objective you are trying to achieve with the proposed variation, and how it addresses local needs.** | |
|  | |
| **c. Provide the historical needs, and social, economic, or environmental considerations that led to the proposed variation.** | |
|  | |
| **Section 3**  **Technical Feasibility** | |
| **a. Describe the building science behind the proposed variation and how it has been tested.** | |
|  | |
| **b. Provide evidence that the proposed variation meets a specific, local need and why it is a feasible option.** | |
|  | |
| **Section 4 Cost-benefit and Affordability Analysis** | |
| **a. Describe the benefits of implementing the proposed variation and how the benefits outweigh potential costs, e.g., costs associated with construction, maintenance, and operation of the building.** | |
|  | |
| **b. Describe the economic or other impacts** **of the proposed variation,** **e.g., housing affordability, insurance, community costs (e.g., infrastructure costs).** | |
|  | |
| **Section 4 Cost-benefit and Affordability Analysis** | |
| **c. Describe any impacts if the proposed variation is not approved, i.e., risk analysis.** | |
|  | |
| **d. Describe impacts if the proposed variation is approved, e.g., impact on design professionals, developers, builders, homeowners, and building owners, etc.** | |
|  | |
| **Section 5**  **Stakeholder Engagement** **(where applicable)** | |
| **a. Provide details about stakeholder consultations for the proposed variation.**  **Stakeholders may include design professionals, developers, builders, neighbourhood associations, and other local authorities.** | |
|  | |
| **Additional Information**  Please include any additional information, not provided in the previous questions, that supports your application. | |
|  | |
| **Supporting Documents**  Identify supporting documents according to the corresponding section and arrange them in sequential order. | |
| Section and Question No.  (e.g., 1c, etc.) | Document Title |
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To submit your application, please email, mail, or courier your completed application and supporting documents to the Building and Safety Standards Branch. Identify supporting documents according to the corresponding section in the application and arrange them in sequential order as referenced in the application.

BY EMAIL  
Email to: [building.safety@gov.bc.ca](mailto:building.safety@gov.bc.ca)   
Subject line: Local Authority Variation Request

BY MAIL or COURIER  
Send to: Building and Safety Standards Branch

Office of Housing and Construction Standards  
4th Floor – 614 Humboldt Street  
Victoria, BC V8W 1A4

Attn: Local Authority Variation Request

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| **Authorization** |
| The application must be signed (electronic signatures are permitted) by a senior official who has authority under the local authority submitting the application. If submitting a joint application, signatures are required from a senior official in each local authority included in the request. If you require additional co-applicant sections, please fill out the supplemental authorization section on page 8. |
| **Cost Recovery**  I, the Primary Applicant / Co-applicant(s), understand that there is no cost to submit an application for a variation request, nor is there a cost for the preliminary review of the application.  I, the Primary Applicant / Co-applicant(s), understand if the application advances to a full review, the Province will prepare and send an estimate of the total cost to complete the full review to the Primary Applicant in the local authority requesting the variation.  The estimate will indicate the amount that needs to be paid, and the responsibility the applicant will incur if the estimate is paid. If no payment is received, the application will be considered withdrawn and will not proceed to a full review. |
| **Collaboration**  I, the Primary Applicant / Co-applicant(s), agree that all information in this application may be shared with external experts, legal counsel, and others, at the discretion ofthe Building and Safety Standards Branchduring the application review process. |
| **Primary Applicant** |
| First Name Last Name |
| Job Title and Local Authority |
| Primary Applicant Signature |
| **Co-applicant** If you require additional co-applicant sections, please fill out the supplemental authorization section on page 8. |
| First Name Last Name |
| Job Title and Local Authority |
| Co-applicant Signature |
| **Co-applicant** |
| First Name Last Name |
| Job Title and Local Authority |
| Co-applicant Signature |
| **Co-applicant** |
| First Name Last Name |
| Job Title and Local Authority |
| Co-applicant Signature |
| **Administrative Intake – Internal Use Only** |
| Application No. |
| Receiver Date Received |
| Administrator Date Completed |

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| **Authorization** |
| **Supplemental Authorization for Additional Co-applicants** |
| The joint application must be signed by a senior official, with authority, in each local authority included in the request. |
| **Cost Recovery**  I, the Primary Applicant / Co-applicant, understand that there is no cost to submit an application for a variation request, nor is there a cost for the preliminary review of the application.  I, the Primary Applicant / Co-applicant, understand if the application advances to a full review, the Province will prepare and send an estimate of the total cost to complete the full review to the Primary Applicant in the local authority requesting the variation.  The estimate will indicate the amount that needs to be paid, and the responsibility the applicant will incur if the estimate is paid. If no payment is received, the application will be considered withdrawn and will not proceed to a  full review. |
| **Collaboration**  I, the Primary Applicant / Co-applicant, agree that all information in this application may be shared with external experts, legal counsel, and others, at the discretion ofthe Building and Safety Standards Branchduring the application review process. |
| **Primary Applicant** |
| First Name Last Name |
| Job Title and Local Authority |
| Primary Applicant Signature |
| **Co-applicant** |
| First Name Last Name |
| Job Title and Local Authority |
| Co-applicant Signature |
| **Co-applicant** |
| First Name Last Name |
| Job Title and Local Authority |
| Co-applicant Signature |
| **Co-applicant** |
| First Name Last Name |
| Job Title and Local Authority |
| Co-applicant Signature |
| **Administrative Intake – Internal Use Only** |
| Application No. |
| Receiver Date Received |
| Administrator Date Completed |