



THE CORPORATION OF THE CITY OF PENTICTON  
Building Department  
Level 2 - 171 Main Street  
Penticton BC V2A 5A9  
Phone: 250-490-2488 Fax: 250-490-2502

Organization#: \_\_\_\_\_

### NON-PROFIT ORGANIZATION REGISTRATION

The undersigned hereby applies for a Registration to operate a Non Profit Organization within the City of Penticton, according to the following particulars and in accordance with the description as described below only:

NAME OF OWNER(S): (1) \_\_\_\_\_

(2) \_\_\_\_\_

MAILING ADDRESS (if different than location): \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

LOCATION OF ORGANIZATION: \_\_\_\_\_ Postal Code: \_\_\_\_\_

DESCRIPTION OF ORGANIZATION: \_\_\_\_\_

PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
(IN CASE OF A FIRE)

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- 1) Will you be doing any renovations to the building?  Yes  No – Building permit required if yes
  - 2) Will you be putting up or changing any signs?  Yes  No – Sign permit required if yes
  - 3) If applicable, trades qualification number: \_\_\_\_\_
  - 4) What use/business/organization was there before you? \_\_\_\_\_
  - 5) **A floor Plan must be submitted.**  
Submitted?
- 

INTENDED START DATE: \_\_\_\_\_

SIGNATURE OF OWNER/AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**ZONE:** \_\_\_\_\_

**SECTION:** \_\_\_\_\_

**APPROVALS REQUIRED**

**Signature of Building Official:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1 - Site Inspection  2 - From File Record

**Building & Permitting Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Dept. Notice:** \_\_\_\_\_ **Date Faxed:** \_\_\_\_\_

**Fire Department Notice:** \_\_\_\_\_ **Date Faxed:** \_\_\_\_\_