

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information			
Building number, street name		Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1 of Division C]			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> House</div> <div style="width: 33%;"><input type="checkbox"/> HVAC – House</div> <div style="width: 33%;"><input type="checkbox"/> Building Structural</div> <div style="width: 33%;"><input type="checkbox"/> Small Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Building Services</div> <div style="width: 33%;"><input type="checkbox"/> Plumbing – House</div> <div style="width: 33%;"><input type="checkbox"/> Large Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Detection, Lighting and Power</div> <div style="width: 33%;"><input type="checkbox"/> Plumbing – All Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Complex Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Fire Protection</div> <div style="width: 33%;"><input type="checkbox"/> On-site Sewage Systems</div> </div>			
Description of designer's work			
D. Declaration of Designer			
<p>I _____ declare that (choose one as appropriate):</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4 of Division C. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Firm BCIN: _____</p> <p><input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 3.2.5 of Division C, of the Building Code.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="margin-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> The information contained in this schedule is true to the best of my knowledge. I have submitted this application with the knowledge and consent of the firm. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> _____ Date </div> <div style="width: 45%; text-align: center;"> _____ Signature of Designer </div> </div>			

NOTE:

- For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7.(1) d). of Division C, Article 3.2.5.1 of Division C, and all other persons who are exempt from qualification under Subsections 3.2..4. and 3.2.4 of Division C.
- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a license to practise, a limited license to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.