

Folder No.

District Offices

<input type="checkbox"/> Toronto and East York	<input type="checkbox"/> North York	<input type="checkbox"/> Scarborough	<input type="checkbox"/> Etobicoke York
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PART A – To be Completed by Owner

Project Description

Project Address (Street Number, Street Name, Suite/Unit Number, City/Town, Postal Code)

WHEREAS the Ontario Building Code requires that the project described above be designed and reviewed during construction or demolition by an architect, professional engineer or both that are licensed to practice in Ontario;
WHEREAS Ontario Law prohibits the construction or demolition of a building if a permit has not been issued to authorize it, and
WHEREAS Architects and engineers are prohibited by law from undertaking reviews if a permit has not been issued,
NOW THEREFORE the Owner, who intends to construct or demolish or have the building constructed or demolished hereby confirms that:

1. The undersigned architect and/or professional engineers have been retained to provide general reviews of the construction or demolition of the building to determine whether the work is in general conformity with the plans and other documents that form the basis for the issuance of a permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers of Ontario (PEO);
2. All general review reports by the architect and/or professional engineers will be forwarded promptly to the Chief Building Official;
3. Should any retained architect or professional engineer cease to provide general reviews for any reason during construction or demolition, the Chief Building Official will be notified in writing immediately, and another architect or engineer will be appointed so that general review continues without interruption; and
4. Construction or demolition will only be undertaken if an architect and/or professional engineers are retained to undertake general review, and a permit authorizing the proposed construction or demolition has been issued.

The undersigned hereby certifies that he/she has read and agrees to the above.

Owner's First Name	Last Name
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Street Number	Street Name	Postal Code
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Telephone Number	Mobile Number	Fax Number
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Signature	Print Name	Date (yyyy-mm-dd)
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Co-ordinator of the work of all consultants

Street Number	Street Name	Postal Code
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Telephone Number	Mobile Number	Fax Number
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The personal information on this form is collected under the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (c) and the Building Code Act, S.O. 1992, Chapter 23, s. 8(1) and (2). The information collected will be used for processing applications and creating aggregate statistical reports. Questions about this collection may be referred to the Customer Service Manager in the appropriate district. Toronto East York District, 100 Queen Street West, Ground Floor, West Tower, Toronto M5H 2N2; North York District, 5100 Yonge Street, 1st Floor, Toronto M2N 5W4; Etobicoke York District, 2 Civic Centre Court, 1st Floor, Toronto M9C 2Y2; Scarborough District, 150 Borough Drive, 3rd Floor, Toronto M1P 4N7 or by telephone at (416) 397-5330.

Commitment to General Reviews

PART B – To be completed by Consultants

The undersigned architect and/or professional engineer(s) hereby certify that they are qualified in and have been retained to provide general reviews of the parts of construction or demolition of the building indicated, to determine whether the work is in general conformity with the plans and other documents that form the basis for the issuance of a permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) or Professional Engineers Ontario (PEO).

First Consultant Information and Declaration

<input type="checkbox"/> Architectural <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Site Services				
<input type="checkbox"/> Other:				
First Name		Last Name		Firm
Street Number	Street Name			Postal Code
Telephone Number		Mobile Number		Fax Number
Signature		Print Name		Date (yyyy-mm-dd)

Second Consultant Information and Declaration (if applicable)

<input type="checkbox"/> Architectural <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Site Services				
<input type="checkbox"/> Other:				
First Name		Last Name		Firm
Street Number	Street Name			Postal Code
Telephone Number		Mobile Number		Fax Number
Signature		Print Name		Date (yyyy-mm-dd)

Third Consultant Information and Declaration (if applicable)

<input type="checkbox"/> Architectural <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Site Services				
<input type="checkbox"/> Other:				
First Name		Last Name		Firm
Street Number	Street Name			Postal Code
Telephone Number		Mobile Number		Fax Number
Signature		Print Name		Date (yyyy-mm-dd)

Commitment to General Reviews

Fourth Consultant Information and Declaration (if applicable)

<input type="checkbox"/> Architectural <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Site Services				
<input type="checkbox"/> Other:				
First Name		Last Name		Firm
Street Number	Street Name			Postal Code
Telephone Number		Mobile Number		Fax Number
Signature		Print Name		Date (yyyy-mm-dd)

Fifth Consultant Information and Declaration (if applicable)

<input type="checkbox"/> Architectural <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Site Services				
<input type="checkbox"/> Other:				
First Name		Last Name		Firm
Street Number	Street Name			Postal Code
Telephone Number		Mobile Number		Fax Number
Signature		Print Name		Date (yyyy-mm-dd)

Sixth Consultant Information and Declaration (if applicable)

<input type="checkbox"/> Architectural <input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Electrical <input type="checkbox"/> Site Services				
<input type="checkbox"/> Other:				
First Name		Last Name		Firm
Street Number	Street Name			Postal Code
Telephone Number		Mobile Number		Fax Number
Signature		Print Name		Date (yyyy-mm-dd)