



Building Division  
 8850 McLaughlin Rd.  
 Brampton  
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 Fax. (905) 874-2499

# COMMITMENT TO PROVIDE GENERAL REVIEW

Pursuant to OBC DIVISION C - Part 1 Subsection 1.2.2.

## PROJECT INFORMATION

<b>PROJECT DESCRIPTION</b>	
<b>PROJECT LOCATION</b>	_____
	# _____ Street _____ Unit/Suite _____
<b>PROPERTY OWNER</b>	Name: _____
	Address: _____
	# _____ Street _____ Unit/Suite _____ City _____
	e-mail address: _____
	If the Owner is a corporation provide the authorized corporate contact name and contact information:
	Name: _____
	Address: _____
	# _____ Street _____ Unit/Suite _____ City _____
	e-mail address: _____ Telephone: _____

## COMMITMENT TO PROVIDE GENERAL REVIEW

Consultant Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

# \_\_\_\_\_ Street \_\_\_\_\_ Unit/suite \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

e-mail address: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

- The undersigned architect or professional engineer warrants that I have been retained by the Owner and/or authorized agent named on this document to provide general review of the construction of the building referenced to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers of Ontario (PEO);
- All general review reports by the architect or professional engineer will be forwarded promptly to the attention of the applicable Inspector at: [inspections.scheduling@brampton.ca](mailto:inspections.scheduling@brampton.ca)
- Should I cease to provide general review for any reason during construction, the Chief Building Official will be notified in writing immediately.

<b>Professional Discipline</b>	<input type="checkbox"/> ARCHITECTURAL	<input type="checkbox"/> STRUCTURAL	<input type="checkbox"/> MECHANICAL HVAC	<input type="checkbox"/> MECHANICAL PLUMBING
	<input type="checkbox"/> MECHANICAL- CIVIL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> SITE SERVICES	<input type="checkbox"/> OTHER (SPECIFY): _____

**DESCRIBE THE SCOPE OF WORK FOR WHICH GENERAL REVIEW IS BEING PROVIDED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ mth day year

## FOR OFFICE USE ONLY

PERMIT APPLICATION # \_\_\_\_\_

Review By: (Bldg) \_\_\_\_\_ BCIN# \_\_\_\_\_ Date: \_\_\_\_\_

(Plmbg) \_\_\_\_\_ mth day year

(HVAC) \_\_\_\_\_ mth day year

\_\_\_\_\_ mth day year