



Building Division
 8850 McLaughlin Rd.
 Brampton
building.inquiries@brampton.ca
 Fax. (905) 874-2499

COMMITMENT TO PROVIDE GENERAL REVIEW

Pursuant to OBC DIVISION C - Part 1 Subsection 1.2.2.

PROJECT INFORMATION

PROJECT DESCRIPTION	_____
PROJECT LOCATION	_____
	# Street Unit/Suite
PROPERTY OWNER	Name: _____
	Address: _____
	# Street Unit/Suite City
	e-mail address: _____
	If the Owner is a corporation provide the name and contact information for the Authorized Agent of the Owner:
	Name: _____
	Address: _____
	# Street Unit/Suite City
	e-mail address: _____ Telephone: _____

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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
- Should I cease to provide general review for any reason during construction, the Chief Building Official will be notified in writing immediately.

Professional	<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: _____

mth day year

Print Name: _____

FOR OFFICE USE ONLY

PERMIT APPLICATION # _____

Review By: _____ BCIN# _____ Date: _____

mth day year