

## Schedule 1: Designer Information

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

| <b>A. Project Information</b>  |  |   |          |
|--|--|---|----------|
| Building number, street name   |  | Unit no.  | Lot/con. |
| Municipality   | Postal code  | Plan number/ other description                    |          |
| <b>B. Individual who reviews and takes responsibility for design activities</b>  |  |   |          |
| Name   |  | Firm  |          |
| Street address   |  | Unit no.  | Lot/con. |
| Municipality   | Postal code  | Province  | E-mail   |
| Telephone number<br>(     )  | Fax number<br>(     )                                  | Cell number<br>(     )                            |          |
| <b>C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]</b>   |  |   |          |
| <input type="checkbox"/> House   | <input type="checkbox"/> HVAC – House                  | <input type="checkbox"/> Building Structural      |          |
| <input type="checkbox"/> Small Buildings   | <input type="checkbox"/> Building Services             | <input type="checkbox"/> Plumbing – House         |          |
| <input type="checkbox"/> Large Buildings   | <input type="checkbox"/> Detection, Lighting and Power | <input type="checkbox"/> Plumbing – All Buildings |          |
| <input type="checkbox"/> Complex Buildings   | <input type="checkbox"/> Fire Protection               | <input type="checkbox"/> On-site Sewage Systems   |          |
| Description of designer's work   |  |   |          |
| <b>D. Declaration of Designer</b>  |  |   |          |
| I _____ declare that (choose one as appropriate):  |  |   |          |
| (print name)   |  |   |          |
| <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. |  |   |          |
| Individual BCIN: _____   |  |   |          |
| Firm BCIN: _____   |  |   |          |
| <input type="checkbox"/> I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.  |  |   |          |
| Individual BCIN: _____   |  |   |          |
| Basis for exemption from registration: _____   |  |   |          |
| <input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.  |  |   |          |
| Basis for exemption from registration and qualification: _____   |  |   |          |
| I certify that:  |  |   |          |
| 1. The information contained in this schedule is true to the best of my knowledge.   |  |   |          |
| 2. I have submitted this application with the knowledge and consent of the firm.   |  |   |          |
| _____  |  | _____   |          |
| Date   |  | Signature of Designer                             |          |

**NOTE:**

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) 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 3.2.5. of Division C.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, 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.

## Schedule 2: Sewage System Installer Information

|  |               |   |   |
|--|---------------|---|---|
| <b>A. Project Information</b>  |               |   |   |
| Building number, street name   |               | Unit number   | Lot/con.  |
| Municipality   | Postal code   | Plan number/ other description                      |   |
| <b>B. Sewage system installer</b>  |               |   |   |
| Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?  |               |   |   |
| <input type="checkbox"/> Yes (Continue to Section C)   |               | <input type="checkbox"/> No (Continue to Section E) | <input type="checkbox"/> Installer unknown at time of application (Continue to Section E) |
| <b>C. Registered installer information (where answer to B is "Yes")</b>  |               |   |   |
| Name   |               | BCIN  |   |
| Street address   |               | Unit number   | Lot/con.  |
| Municipality   | Postal code   | Province  | E-mail  |
| Telephone number<br>(    )   | Fax<br>(    ) | Cell number<br>(    )                               |   |
| <b>D. Qualified supervisor information (where answer to section B is "Yes")</b>  |               |   |   |
| Name of qualified supervisor(s)  |               | Building Code Identification Number (BCIN)          |   |
|  |               |   |   |
| <b>E. Declaration of Applicant:</b>  |               |   |   |
| <p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <p><input type="checkbox"/> I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;</p> <p><u>OR</u></p> <p><input type="checkbox"/> I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.</p> <p>I certify that:</p> <p>1. The information contained in this schedule is true to the best of my knowledge.</p> <p>2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.</p> <p>_____</p> <p style="text-align: center;">Date <span style="margin-left: 200px;">Signature of applicant</span></p> |               |   |   |