Schedule 1: Designer Information

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

lding number, street name						
				Unit no.	Lot/con.	
nicipality	Postal code	ode Plan number/ other descr		cription		
Individual who reviews and tak	os rosponsibili	ty for de	eian activitio	e		
me		Firm	Sign activitie	3		
eet address				Unit no.	Lot/con.	
nicipality	Posta	al code	Province	Fax number		
E-mail Tele		ohone number		Cell number		
Design activities undertaken by vision C]	y individual ide	ntified ir	Section B.	()	able 3.5.2.1. of	
House HVAC – House				Building Structural		
Small Buildings Building						
			n, Lighting and Power Plumbing – All Buildings tection On-site Sewage Systems			
Complex Buildings scription of designer's work	Fire Pro	Diection		Un-site	Sewage Systems	
(print na	me)			_ declare that (choo	ose one as appropriate)	
I review and take responsibi C, of the Building Code. I ar	lity for the design n qualified, and th	e firm is r	egistered, in the	egistered under sub	section 3.2.4.of Division	
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 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.

all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.