



A1) Project Information

Full Address of Project				
Building Number	Street Name		Unit Number	Lot/con.
Municipality	Province	Postal Code	Country	

A2) Declaration and Owner Information

Whereas the Ontario Building Code under subsection 2.3.1. requires that the project above be designed and reviewed during construction by an architect, professional engineer or both that are licensed to practice in the province of Ontario;

NOW THEREFORE the Owner, being the person who intends to construct or have the building constructed hereby warrants that:

1. The undersigned architect and / or professional engineer(s) have been retained to provide general reviews of the construction of the building 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 Ontario (PEO);
2. All general review reports by the architect and / or professional engineer(s) will be forwarded promptly to the Chief Building Official, and
3. Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, 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 during construction.

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

Last Name	First Name	Middle Initial		
Full Address				
Building Number	Street Name		Unit Number	Lot/con.
Municipality	Province	Postal Code	Country	
Telephone	Fax Number (optional)	Cell Number (optional)		
Owner Signature				
_____ (signature)			_____ (date)	

A3) Coordinator of the Work of all Consultants (if applicable)

Company Name				
Full Address				
Building Number	Street Name		Unit Number	Lot/con.
Municipality	Province	Postal Code	Country	
Telephone	Fax Number (optional)	Cell Number (optional)		

B) Declaration and Consultant Information

The undersigned architect and / or professional engineer(s) hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, 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 OAA and PEO

<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: _____	
Last Name				First Name				Middle Initial					
Company Name (if applicable)													
Building Number		Street Name						Unit Number		Lot/con.			
Municipality				Province		Postal Code		Country					
Telephone				Fax Number (optional)				Cell Number (optional)					
Signature													
_____						_____							
(signature)						(date)							

<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: _____	
Last Name				First Name				Middle Initial					
Company Name (if applicable)													
Building Number		Street Name						Unit Number		Lot/con.			
Municipality				Province		Postal Code		Country					
Telephone				Fax Number (optional)				Cell Number (optional)					
Signature													
_____						_____							
(signature)						(date)							

<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: _____	
Last Name				First Name				Middle Initial					
Company Name (if applicable)													
Building Number		Street Name						Unit Number		Lot/con.			
Municipality				Province		Postal Code		Country					
Telephone				Fax Number (optional)				Cell Number (optional)					
Signature													
_____						_____							
(signature)						(date)							