

COMMITMENT TO GENERAL REVIEWS BY ARCHITECT AND ENGINEERS

THIS FORM TO BE COMPLETED BY THE OWNER OR OWNER'S AUTHORIZED AGENT, AND SIGNED BY ALL CONSULTANTS RETAINED FOR GENERAL REVIEWS

Project Description:			Part A - Owner's	Undertaking		Permit Application No.
Address of Project:						Municipality:
WHEREAS the Ontain professional engi	neer or both that a	re licensed to p	ractice in Ontario;	bove be designed and	l reviewed durinç	construction by an architect,
 The undersigne determine wheth permit, in accord All general revie Should any retain 	d architect and/or ner the construction lance with the perfo w reports by the arc ined architect or pro	professional eng is in general co rmance standard hitect and/or prof fessional engine	ineers have been ret informity with the plans is of the Ontario Associ ressional engineers will ber cease to provide ger	ained to provide gener s and other documents ation of Architects (OAA I be forwarded promptly neral reviews for any rea	ral reviews of the that form the bas a) and/or Professio to the Chief Buildingson during constr	construction of the building to is for the issuance of a building nal Engineers Ontario (PEO);
Name of Owner:	The	e undersigned he	ereby certifies that he	/she has read and agre	es to the above Date:	
Address of Owner:			Telephone:			
Signature of Owner:			Print Name:		Fax:	
(or officer of corporation	<i>'</i>					
Coordinator of the w	ork of all consultants:				Telephor	ne:
Address:				Fax:		
			Part B - Cou	 Sultants		
construction of the	building indicated,	to determine who mit, in accordance	eer(s) hereby certify the ether the construction be with the performance	nat they have been retained in general conformity a standards of the OAA a	with the plans and and/or PEO.	general reviews of the parts of d other documents that form the
TI ADOUITZOTUDE:	C OTDUCTURE!		_	PLETED BY CONSULTANTS	_	n
Consultant Name:	□ STRUCTURAL	□ MECHANICAL	Signature:	SITE SERVICES Print Name:	□ OTHER (SPECIF	Date :
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	□ STRUCTURAL	□ MECHANICAL	ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	n: Date:
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	□ STRUCTURAL	□ MECHANICAL	ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	n: Date:
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	□ STRUCTURAL	□ MECHANICAL	☐ ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	n: Date:
Telephone:	Fax:		Address:			