

Schedule 1: Designer Information

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

A. Project Information			
Building number, street name ?		Unit no. ?	Lot/con. ?
Municipality ?	Postal code ?	Plan number/ other description ?	
B. Individual who reviews and takes responsibility for design activities			
Name Keith Almond		Firm Atkinson Home Building Centre - BMP (1985) Ltd.	
Street address 5276 Hinchinbrooke Road, Hartington		Unit no.	Lot/con.
Municipality South Frontenac	Postal code K0H 1W0	Province Ontario	E-mail
Telephone number	Fax number	Cell number	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input checked="" type="checkbox"/> House</div> <div style="width: 33%;"><input type="checkbox"/> HVAC – House</div> <div style="width: 33%;"><input type="checkbox"/> Building Structural</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Small Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Building Services</div> <div style="width: 33%;"><input type="checkbox"/> Plumbing – House</div> <div style="width: 33%;"><input type="checkbox"/> Large Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Detection, Lighting and Power</div> <div style="width: 33%;"><input type="checkbox"/> Plumbing – All Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Complex Buildings</div> <div style="width: 33%;"><input type="checkbox"/> Fire Protection</div> <div style="width: 33%;"><input type="checkbox"/> On-site Sewage Systems</div> </div>			
Description of designer's work ?			
D. Declaration of Designer			
I Keith Almond declare that (choose one as appropriate): <div style="text-align: center;">(print name)</div> <div style="margin-top: 20px;"> <input checked="" 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: 18913 Firm BCIN: 30420 </div> <div style="margin-top: 20px;"> <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: _____ </div> <div style="margin-top: 20px;"> <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: _____ </div>			
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. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> ? _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Date Signature of Designer </div>			

NOTE:

- For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d). of Division C, Article 32.5.1. of Division C, and all other persons who are exempt from qualification under Subsections 3.2.4. and 3.2.5. of Division C.
- Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of authorization, 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.