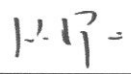


Schedule 1: Designer Information

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. SD-04 'B'												
		Lot/con. 9R												
Municipality BRAMPTON	Postal code	Plan number/ other description												
B. Individual who reviews and takes responsibility for design activities														
Name Julio Pinzon		Firm RN Design Limited												
Street address 8395 Jane Street		Unit no. 203												
		Lot/con.												
Municipality Vaughan	Postal code L4K 5Y2	Province Ontario												
E-mail juliop@rndesign.com														
Telephone number (905) 738-3177	Fax number (905) 738-5449	Cell number												
C. Design activities undertaken by individual identified in Section B. [Building Code Division C, Part 3 Table 3.5.2.1]														
<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> House</td> <td><input type="checkbox"/> HVAC – House</td> <td><input type="checkbox"/> Building Structural</td> </tr> <tr> <td><input type="checkbox"/> Small Buildings</td> <td><input type="checkbox"/> Building Services</td> <td><input type="checkbox"/> Plumbing – House</td> </tr> <tr> <td><input type="checkbox"/> Large Buildings</td> <td><input type="checkbox"/> Detection, Lighting and Power</td> <td><input type="checkbox"/> Plumbing – All Buildings</td> </tr> <tr> <td><input type="checkbox"/> Complex Buildings</td> <td><input type="checkbox"/> Fire Protection</td> <td><input type="checkbox"/> On-site Sewage Systems</td> </tr> </table>			<input checked="" 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
<input checked="" 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 Review of the site plan design and working drawings for LOT 9R model ROSSINI SD-04 'B' STD door to garage. Design responsibility excludes any structural design and specifications outside of the scope of Part 9 of the OBC.														
D. Declaration of Designer														
<p>I <u>Julio Pinzon</u> declare that (choose one as appropriate):</p> <p>(print name)</p> <p><input checked="" type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under Division C, Part 3, subsection 3.2.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories:</p> <p style="margin-left: 40px;">Individual BCIN: <u>38688</u></p> <p style="margin-left: 40px;">Firm BCIN: <u>26995</u></p> <p><input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under Division C, Part 3, subsection 3.2.5 of the Building Code.</p> <p style="margin-left: 40px;">Individual BCIN: _____</p> <p style="margin-left: 40px;">Basis for exemption from registration: _____</p> <p><input type="checkbox"/> The design work is exempt from the registration and qualification requirements of the Building Code.</p> <p style="margin-left: 40px;">Basis for exemption from registration and qualification: _____</p> <p>I certify that:</p> <ol style="list-style-type: none"> The information contained in this schedule is true to the best of my knowledge. I have authority to bind the corporation or partnership (if applicable). 														
<u>June 15, 2017</u> Date		 Signature of Designer												

*For the purposes of this form, "individual" means the "person" referred to in Division C, Part 3, Clause 3.2.4.7. (1)(d), Division C, Part 3, Article 3.2.5.1. and all other persons who are exempt from qualification under Division C, Part 3, Subsections 3.2.4. and 3.2.5.

NOTE:

- Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
- Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*

PROJECT No. 13098-PH-2	LOT NUMBER LOT 9R & 9L
---------------------------	---------------------------