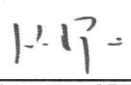


Schedule 1: Designer Information

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-07 'D' | Lot/con. 35R |
| 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] | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings </div> <div style="width: 30%;"> <input type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection </div> <div style="width: 30%;"> <input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems </div> </div> | | | |
| Description of designer's work Review of the site plan design and working drawings for LOT 35R model WAGNER SD-07 'D' STD. Design responsibility excludes any structural design and specifications outside of the scope of Part 9 of the OBC. | | | |
| D. Declaration of Designer | | | |
| I, <u>Julio Pinzon</u> declare that (choose one as appropriate): (print name) <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: Individual BCIN: <u>38688</u> Firm BCIN: <u>26995</u> <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. Individual BCIN: _____ Basis for exemption from registration: _____ <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: _____ | | | |
| I certify that: 1. The information contained in this schedule is true to the best of my knowledge. 2. 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:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. 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*

