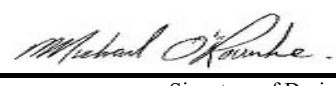


Schedule 1: Designer Information

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 RICHMOND HILL	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name MICHAEL O'ROURKE		Firm HVAC DESIGNS LTD.	
Street address 375 FINLEY AVE		Unit no. 202	Lot/con. N/A
Municipality AJAX	Postal code L1S 2E2	Province ONTARIO	E-mail info@hvacdesigns.ca
Telephone number (905) 619-2300	Fax number (905) 619-2375	Cell number ()	
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1 OF Division C]			
<input type="checkbox"/> House <input type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings <input checked="" type="checkbox"/> HVAC – House <input type="checkbox"/> Building Services <input type="checkbox"/> Detection, Lighting and Power <input type="checkbox"/> Fire Protection <input type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing – House <input type="checkbox"/> Plumbing – All Buildings <input type="checkbox"/> On-site Sewage Systems			
Description of designer's work HEAT LOSS / GAIN CALCULATIONS DUCT SIZING RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY RESIDENTIAL SYSTEM DESIGN per CSA-F280-12		Model: 4505 ELMWOOD Project: CENTREFIELD (WEST GORMLEY)	
D. Declaration of Designer			
I, <u>MICHAEL O'ROURKE</u> declare that (choose one as appropriate): (print name)			
<input 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: _____ Firm BCIN: _____			
<input checked="" 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: <u>19669</u> Basis for exemption from registration and qualification: <u>O.B.C SENTENCE 3.2.4.1 (4)</u>			
<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 submitted this application with the knowledge and consent of the firm.			
June 4, 2021		 Signature of Designer	
Date			

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 3.2.5.1. 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.

Application for a Permit Construct or Demolish – Effective January 1, 2015