

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	Postal code	Plan number/ other description	Unit no. 42-05 'A'
Municipality			Lot/con. 23
B. Individual who reviews and takes responsibility for design activities			
Name	Firm		
Julio Pinzon	RN Design Limited		
Street address	Postal code	Province	Unit no.
8395 Jane Street	L4K 5Y2	Ontario	203
Municipality	Fax number	E-mail	
Vaughan	(905) 738-3177	juliop@rndesign.com	
Telephone number		Cell number	
C. Design activities undertaken by individual identified in Section B. [Building Code Division C, Part 3 Table 3.5.2.1]			
☒ House	☐ HVAC – House	☐ Building Structural	
☐ Small Buildings	☐ Building Services	☐ Plumbing – House	
☐ Large Buildings	☐ Detection, Lighting and Power	☐ Plumbing – All Buildings	
☐ Complex Buildings	☐ Fire Protection	☐ On-site Sewage Systems	
Description of designer's work			
Review of the site plan design and working drawings for Lot 23 model MADISON 42-05 'A' REV. 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)			
☒ 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>			
☐ 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: _____			
☐ 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).			
February 16, 2017		Signature of Designer	
Date		1.17 =	

*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*

