

## **COMMITMENT TO GENERAL REVIEWS BY ARCHITECT AND ENGINEERS**

THIS FORM TO BE COMPLETED BY THE OWNER OR OWNER'S AUTHORIZED AGENT, AND SIGNED BY ALL CONSULTANTS RETAINED FOR GENERAL REVIEWS

## Part A - Owner's Undertaking

Project Description:

Address of Project:

Permit Application No.

Municipality:

## WHEREAS the Ontario Building Code requires that the project described above be designed and reviewed during construction by an architect, professional engineer or both that are licensed to practice in Ontario;

NOW THEREFORE the Owner, being the person who intends to construct or have the building constructed hereby warrants that:

- The undersigned architect and/or professional engineers have been retained to provide general reviews of the construction of the building to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the Ontario Association of Architects (OAA) and/or Professional Engineers Ontario (PEO);
   All general review reports by the architect and/or professional engineers will be forwarded promptly to the Chief Building Official, and
- Should any retained architect or professional engineer cease to provide general reviews for any reason during construction, the Chief Building Official
- will be notified in writing immediately, and another architect or engineer will be appointed so that general review continues without interruption during construction.

## The undersigned hereby certifies that he/she has read and agrees to the above

| Name of Owner:                              |                     | , under engineer in                    |  | , ono nao roua ana agro   | Date:                              |   |
|---|---------------------|--|--|---|------------------------------------|---|
| Address of Owner:                           |                     |  |  | Telephone:  |                                    |   |
| Signature of Owner: Print Name:             |                     |  |  | Fax:  |                                    |   |
| (or officer of corporatio                   | n)                  |  |  |   |                                    |   |
| Coordinator of the work of all consultants: |                     |  |  | Telephone:  |                                    |   |
| Address:                                    |                     |  |  | Fax:  |                                    |   |
|   |                     |  | Part B - Con                                   | Bultants  |                                    |   |
| construction of the                         | building indicated, | to determine whe<br>mit, in accordance | ether the construction is with the performance | nat they have been ret<br>is in general conformity<br>e standards of the OAA<br>PLETED BY CONSULTANTS | with the plans and oth and/or PEO. | eral reviews of the parts of<br>her documents that form the |
| Consultant Name:                            | 🗆 STRUCTURAL        | 🗆 MECHANICAL                           | ELECTRICAL<br>Signature:                       | SITE SERVICES<br>Print Name:  | OTHER (SPECIFY):                   | Date:   |
| Telephone:                                  | Fax:                |  | Address:                                       |   |                                    |   |
| <b>ARCHITECTURAL</b><br>Consultant Name:    | 🗆 STRUCTURAL        | 🗆 MECHANICAL                           | <b>ELECTRICAL</b><br>Signature:                | SITE SERVICES<br>Print Name:  | OTHER (SPECIFY):                   | Date:   |
| Telephone:                                  | Fax:                |  | Address:                                       |   |                                    |   |
| ARCHITECTURAL<br>Consultant Name:           | 🗆 STRUCTURAL        | MECHANICAL                             | <b>ELECTRICAL</b><br>Signature:                | SITE SERVICES Print Name:   | OTHER (SPECIFY):                   | Date:   |
| Telephone:                                  | Fax:                |  | Address:                                       |   |                                    |   |
| ARCHITECTURAL<br>Consultant Name:           | I STRUCTURAL        | 🗆 MECHANICAL                           | ELECTRICAL Signature:                          | SITE SERVICES Print Name:   | OTHER (SPECIFY):                   | Date:   |
| Telephone:                                  | Fax:                |  | Address:                                       |   |                                    |   |