

# Schedule 1: Designer Information

## A. Project Information

Street No.	Street Name	Unit/Suite No.	Lot/con.
City/Town		Postal Code	Plan No./Other Description

## B. Contact Information

Individual who reviews and takes responsibility for design activities				
First Name		Last Name		Firm
Street No.	Street Name	Unit/Suite No.	Lot/con.	Telephone No.
Municipality	Province	Postal Code		Mobile No.
E-mail Address				Fax No.

## C. Design Activities

Undertaken by individual identified in "Contact Information". [Building Code Table 3.5.2.1. of division C]		
<input 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		

Continue on next page.

The personal information on this form is collected under the City of Toronto Act, S.O. 2006, Chapter 11, Schedule A, s. 136 (b) & (c) and the Ontario Building Code Act, S.O. 1992, Chapter 23. The information collected will be used for processing applications and creating aggregate statistical reports. Questions about this collection may be referred to the Customer Service Manager in the appropriate district. Toronto East York District, 100 Queen Street West, Ground Floor, West Tower, Toronto M5H 2N2; North York District, 5100 Yonge Street, 1st Floor, Toronto M2N 5W4; Etobicoke York District, 2 Civic Centre Court, 1st Floor, Toronto M9C 2Y2; Scarborough District, 150 Borough Drive, 3rd Floor, Toronto M1P 4N7.

Phone: (416) 397-5330

## Schedule 1: Designer Information

### D. Designer Declaration

I \_\_\_\_\_ declare that (choose one as appropriate):  
 (print name)

- 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: \_\_\_\_\_

- 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: \_\_\_\_\_

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 submitted this application with the knowledge and consent of the firm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date (yyyy-mm-dd)

#### NOTE:

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1)(c). 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.
2. Schedule 1 is not required to be completed by a holder of licence, temporary licence, or certificate of practice, issued by the Ontario Association of Architects. Schedule 1 is also not required to be completed by a holder of a licence to practise, a limited licence to practise, or a certificate of authorization, issued by the Association of Professional Engineers of Ontario.