

Schedule 1: Designer Information



Use one form for each individual who reviews and takes responsibility for design activities with respect to the

A. Project Information				
Building number, street name 690 Crooks Hollow Road	Unit no.	Lot/cont.	Building Division	
Municipality Dundas Ontario	Postal code	Plan number/ other description		
B. Individual who reviews and takes responsibility for design activities				
Name Eric Canton	Firm Virtual Creations Inc			
Street address 17 King Street East			Unit no. 205	Lot/cont.
Municipality Dundas	Postal code L9H 1B7	Province Ontario	E-mail eric@vcinc.ca	
Telephone number (905) 481 1153	Fax number (905) 481 3643	Cell number ()	Permit	21 104272 000 00 R9
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1, of Division C]				
<input checked="" type="checkbox"/> House	<input type="checkbox"/> HVAC - House	<input checked="" type="checkbox"/> Building Structural		
<input checked="" type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing - House		
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detectuib, 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 2020-002 Addition to 688 spanning onto 690 crooks hollow. Master bedroom, ensuite and 3 car garage				
D. Declaration of Designer				
I <u>Eric Canton</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 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: <u>25135</u> Firm BCIN: <u>28844</u>				
<input type="checkbox"/> I review and take responsibility for the design and am qualified in th eappropriate category as an "other designer" under subsection 3.2.5 of Division C, 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 submitted this application with the knowledge and consent of the firm.				
<u>2021-01-29</u>				
Date	Signature of Designer			

Reviewed for Ontario Building Code Compliance.

Subject to Corrections Noted on Plans and Field Inspections.

Date: 05/19/21

Approved by: Laurie Smith

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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 a license, temporary license, or a certificate of practice, issues 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.