



Hamilton

Building Division

Reviewed for Ontario Building Code Compliance.

Subject to Corrections Noted on Plans and Field Inspections.

Permit: 21 104287 000 00 SS

Date: 05/19/21

Name: Laurie Smith

Approved by: [Signature]

Draft A, nov30-2017-8.jpg

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: 608-640 CROSS HOLLOW DR, Unit no., Lot/con., Municipality: GREENWICH, Postal code, Plan number/ other description

B. Individual who reviews and takes responsibility for design activities

Name: Ben Hoss, Firm: CADAM LINE BUSINESS SERVICES, Street address: 1480 2ND LANE W., Unit no., Lot/con., Municipality: LYNN, Postal code: L0R 1R0, Province: ONT., E-mail: bthoss@cadamline.com, Telephone number, Fax number, Cell number: (416) 307-4016

C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]

- House, Small Buildings, Large Buildings, Complex Buildings, HVAC - House, Building Services, Detection, Lighting and Power, Fire Protection, Building Structural, Plumbing - House, Plumbing - All Buildings, On-site Sewage Systems

Description of designer's work: SEWER SYSTEM DESIGN FOR S.F.O.

D. Declaration of Designer

I, Ben Hoss, declare that (choose one as appropriate):

- 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: 11987, Firm BCIN: 16419. 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. 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. Date: 05/20, Signature of Designer: [Signature]

NOTE:

- 1. 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. 2. 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.