

## 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 <b>294 Bold St</b>		Unit no.	Lot/cont.	
Municipality <b>Hamilton Ontario</b>	Postal code	Plan number/ other description		
B. Individual who reviews and takes responsibility for design activities				
Name <b>Eric Canton</b>		Firm <b>Virtual Creations Inc</b>		
Street address <b>17 King Street East</b>		Unit no. <b>205</b>	Lot/cont.	
Municipality <b>Dundas</b>	Postal code <b>L9H 1B7</b>	Province <b>Ontario</b>	E-mail <b>eric@vcinc.ca</b>	
Telephone number <b>(905) 481 1153</b>	Fax number <b>(905) 481 3643</b>	Cell number ( )	Permit: <b>21 124654 000 00 R9</b>	
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 checked="" type="checkbox"/> Small Buildings <input type="checkbox"/> Large Buildings <input type="checkbox"/> Complex Buildings		<input type="checkbox"/> HVAC - House <input type="checkbox"/> Building Services <input type="checkbox"/> Detectuib, Lighting and Power <input type="checkbox"/> Fire Protection		<input checked="" type="checkbox"/> Building Structural <input type="checkbox"/> Plumbing - House <input type="checkbox"/> Plumbing - All Buildings <input type="checkbox"/> On-site Sewage Systems
Date: <b>06/17/21</b> Approved by: <i>Mike Allen</i>				
Description of designer's work <b>2021-033 Replace existing front porch</b>				
D. Declaration of Designer				
I <u><b>Eric Canton</b></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><b>25135</b></u> Firm BCIN: <u><b>28844</b></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><b>2021-05-13</b></u> Date		<i>ECF</i> Signature of Designer		

Reviewed for Ontario Building Code Compliance.  
Subject to Corrections Noted on Plans and Field Inspections.

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**NOTE:**

- 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.
- 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.