

Project Description:

Development Services and Engineering Department Building Division

T: 705-329-7258 F: 705-329-2670

≥ building@orillia.ca



50 Andrew St. S., Suite 300, Orillia, ON L3V 7T5

DEVELOPMENT SERVICES AND ENGINEERING DEPARTMENT 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

OWNER'S UNDERTAKING

Address of Project:				
an architect, professional NOW THEREFORE the C 1. The undersign construction of documents that Ontario Associa 2. All general revi 3. Should any re construction, th	engineer or both that Dwner, being the persed architect and/or the building to deter torm the basis for the ation of Architects (O, ew reports by the architect or the Chief Building Off	t are licensed to practice son who intends to consti- professional engineers ermine whether the con- ne issuance of a building AA) and/or Professional hitect/engineers will be for professional engineer	ruct or have the building constructs have been retained to provid struction is in general conformity permit, in accordance with the permit, in accordance with the permit permit of the conformation (PEO): provided promptly to the Chief Bucease to provide general review riting immediately, and another a	ed hereby warrants that: le general reviews of the y with the plans and other erformance standards of the hilding Official; and, ws for any reason during
TI	he undersigned her	eby Certifies that he/sh	e has read and agrees to the ab	ove
Name of Owner (please print)			Date:	
Signature of Owner (or corporation officer):				· · · · · · · · · · · · · · · · · · ·
	т	O BE COMPLETED BY	CONSULTANTS	
of the parts of construc	tion of the building uments that form the	indicated, to determine	that they have been retained to whether the construction is in se of a building permit, in accord © ELECTRICAL Print Name:	general conformity with
Telephone:	Fax:	Address:		
○ ARCHITECTURAL Consultant Name:	o STRUCTURAL	○ MECHANICAL Signature:	○ ELECTRICAL Print Name:	Date:
Telephone:	Fax:	Address:		
O ARCHITECTURAL Consultant Name:	○ STRUCTURAL	○ MECHANICAL Signature:	○ ELECTRICAL Print Name:	Date:
Telephone:	Fax:	Address:		