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

Project Description:			Part A - Owner's	Undertaking		Permit Application No.
Address of Project:					L	Municipality:
NOW THEREFORE the 0 1. The undersigned determine wheth permit, in accord 2. All general review 3. Should any retail	neer or both that a Owner, being the ped architect and/or her the construction ance with the perfo w reports by the arc ned architect or pro	re licensed to person who intender professional engine is in general commance standard hitect and/or professional engineer	ractice in Ontario; s to construct or have to lineers have been retourned the plant of the Ontario Associates will be rease to provide get	the building constructed lained to provide geners and other documents iation of Architects (OAA I be forwarded promptly neral reviews for any rea	hereby warrants the lareviews of the that form the bas and/or Profession to the Chief Buildingson during constri	construction of the building to is for the issuance of a building nal Engineers Ontario (PEO);
Name of Owner: The undersigned hereby certifies that he/she has read and agrees to the above Date:						
Address of Owner:					Telephor	ne:
Signature of Owner:	2)		Print Name:		Fax:	
Coordinator of the we	<u>′</u>				Telephor	ie.
Address:	on or all consultants.			Fax:		
construction of the	building indicated,	to determine who mit, in accordance	ether the construction e with the performance	hat they have been reta	with the plans and and/or PEO.	general reviews of the parts of dother documents that form the
Consultant Name:	- SINGCIONAL	- MEGNARIGAL	Signature:	Print Name:	□ UI NEN (SPEGIF)	Date:
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	□ STRUCTURAL	□ MECHANICAL	☐ ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	ก: Date:
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	STRUCTURAL	□ MECHANICAL	☐ ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	ก: Date:
Telephone:	Fax:		Address:			
ARCHITECTURAL Consultant Name:	□ STRUCTURAL	□ MECHANICAL	ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIFY	n: Date:
Telephone:	Fax:		Address:			