COMMITMENT TO GENERAL REVIEWS BY ARCHITECT AND ENGINEERS

THIS FORM TO	BE COMPLETED BY 1	HE OWNER OR OWN	NER'S AUTHORIZED AGE	NT, AND SIGNED BY ALL C	ONSULTANTS RETA	INED FOR GE	NERAL REVIEWS	
Part A – Owner's Undertaking						Permit Application No.		
Project Description:								
Address of Project:						Municipality:	Town of The Blue Mountains	
 professional engin NOW THEREFORE the 1. The undersigned determine wheth permit, in accord 2. All general review 3. Should any retain 	neer or both that a Owner, being the pe d architect and/or ner the construction ance with the perfor v reports by the archined architect or pro-	re licensed to pra erson who intends t professional engir is in general con mance standards c itect and/or profess fessional engineer	ctice in Ontario; o construct or have the neers have been reta formity with the plans of the Ontario Association sional engineers will be cease to provide gen	above be designed and building constructed her ined to provide genera- and other documents on of Architects (OAA) ar forwarded promptly to the ieral reviews for any rea be appointed so that g	eby warrants that: al reviews of the that form the bas nd/or Professional the Chief Building O tson during constr	constructior is for the is Engineers O fficial, and uction, the C	n of the building t suance of a buildin ntario (PEO); chief Building Officia	
Name of Owner:		The undersigned h	ereby certifies that he/	she has read and agrees	to the above Date:			
Address of Owner:					Telephone:			
Signature of Owner: Print Name:					Email:			
(or officer of corporatio	n)				Email.			
Coordinator of the work of all consultants:						Telephone:		
Address:					Email:			
			Part B - Con	sultants				
construction of the	building indicated,	to determine when	ther the construction i with the performance st	at they have been reta s in general conformity andards of the OAA and	with the plans an /or PEO.			
				PLETED BY CONSULTANTS		Y):		
Consultant Name:			Signature:	Print Name:		Date:		
Telephone:	Email:			Address:				
ARCHITECTURAL Consultant Name:	STRUCTURAL	MECHANICAL	ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	Y): Date:		
Telephone:	Email:			Address:				
ARCHITECTURAL Consultant Name:	STRUCTURAL	C MECHANICAL	ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	Y): Date:		
Telephone:	Email:			Address:				
ARCHITECTURAL Consultant Name:	STRUCTURAL		ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIF	Y): Date:		
Telephone:								
•	Email			Address				