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		Unit no.	Lot/con.
192 Hidden Lake Rd.			
Municipality TBM	**Postal code**	**Plan number/ other description**	

B. Individual who reviews and takes responsibility for design activities

Name		Firm	
Colin Bartel		Extreme Excavating Inc.	
Street address 137840 Grey Rd 12		**Unit no.**	**Lot/con.**
Municipality Meaford	**Postal code** N4C1N6	**Province** ON	**E-mail** extremeexcavating19@gmail.com
Telephone number ( )	**Fax number** ( )		**Cell number** ( )

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

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

Description of designer's work

D. Declaration of Designer

I Colin Bartel declare that (choose one as appropriate):

(print name)

☑ 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: 120 449

Firm BCIN: 121 533

☐ 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.

Individual BCIN: _____

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.

July 6/2026 _____

Date Signature of Designer

NOTE:

1. 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.
2. Schedule 1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, 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.

Schedule 2: Sewage System Installer Information

A. Project Information

Building number, street name		Unit number	Lot/con.
192 Hidden Lake Rd			
Municipality	**Postal code**	**Plan number/ other description**	
TBM			

B. Sewage system installer

Is the installer of the sewage system engaged in the business of constructing on-site, installing, repairing, servicing, cleaning or emptying sewage systems, in accordance with Building Code Article 3.3.1.1, Division C?

- ☑ Yes (Continue to Section C)
- ☐ No (Continue to Section E)
- ☐ Installer unknown at time of application (Continue to Section E)

C. Registered installer information (where answer to B is "Yes")

Name		BCIN
Extreme Excavating Inc.		12153
Street address		**Unit number** / **Lot/con.**
137840 Grey Rd 12		
Municipality	**Postal code** / **Province**	**E-mail**
Meaford	N4L 1W6 / ON	extremeexcavating12@gmail.com
Telephone number	**Fax**	**Cell number**
( )	( )	(519) 377 8126

D. Qualified supervisor information (where answer to section B is "Yes")

Name of qualified supervisor(s)	Building Code Identification Number (BCIN)
Colin Bartel	120449

E. Declaration of Applicant:

I _____ declare that:
(print name)

- ☐ I am the applicant for the permit to construct the sewage system. If the installer is unknown at time of application, I shall submit a new Schedule 2 prior to construction when the installer is known;

OR

- ☐ I am the holder of the permit to construct the sewage system, and am submitting a new Schedule 2, now that the installer is known.

I certify that:

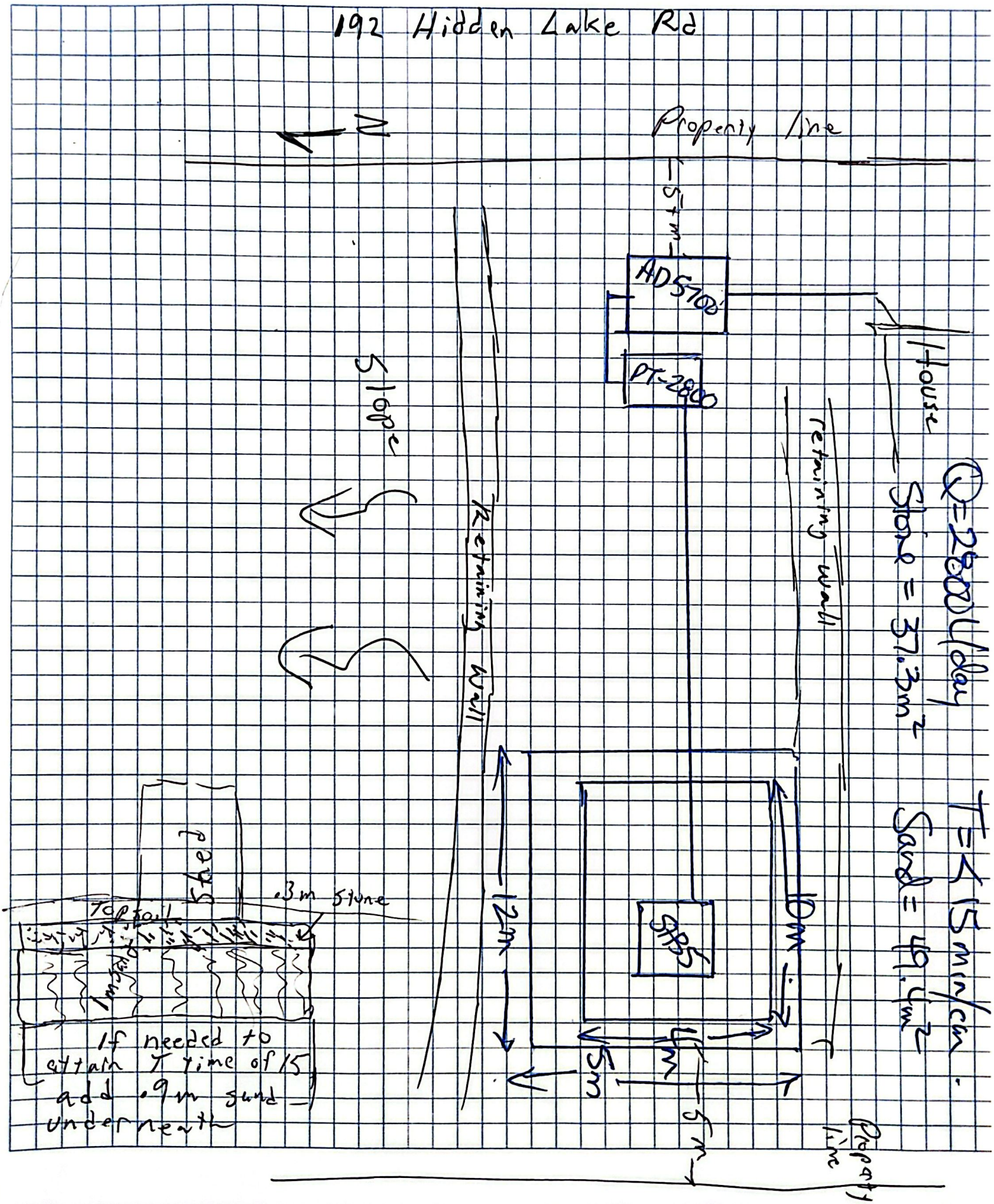
1. The information contained in this schedule is true to the best of my knowledge.
2. If the owner is a corporation or partnership, I have the authority to bind the corporation or partnership.

_____ _____

Date Signature of applicant

Waterloo BIOFILTER

192 Hidden Lake Rd



Waterloo Shed

Waterloo Shed Diagram

Anaerobic Digester (AD), Pump Tank (PT) and Shed with Open-Bottom