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		Application	number: 2024-	
Building number, street name			Unit no.	Lot/con.
Municipality	Postal code	Plan number/ other descript	ion	
Town of Whitchurch-Stouffville				
B. Individual who reviews and takes responsibility for design activities				
Name		Firm		
Street address			Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail	
Telephone number	Fax number			
C. Design activities undertaken by individual identified in section B [Building Code Table 3.5.2.1. of Division C]				
 House Small Buildings Building Services Plumbing – House Large Buildings Detection, Lighting and Power Plumbing – All Buildings Complex Buildings Fire Protection On-site Sewage Systems 				
D. Declaration of Designer				
I				
Date		Signature of Designer		
NOTE: 1. For the number of this form "individual" means the "person" referred to in Clause 3.2.4.7(1) d) of Division C. Article 3.2.5.1. of Division C. a				

1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).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 authorization, 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.