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:		Par	t A - Owner	s Undertaking	g	Permit Application No.
Address of Project:				Municipality:		
NOW THEREFORE the 1. The und determine wheti permit, in accord 2. All gene 3. Should a	owner, being the persigned architect her the construction dance with the perforal review reports than y retained architect in writing im	are licensed to poerson who intend and/or profession in is in general coormance standard by the architect and ect or professional	ractice in Ontario; s to construct or have al engineers have bee onformity with the plan is of the Ontario Associ d/or professional engineer cease to pro	the building constructed len retained to provide gens and other documents ciation of Architects (OAA neers will be forwarded provide general reviews for	hereby warrants the neral reviews of the that form the base, and/or Profession comptly to the Chie any reason during	ne construction of the building to is for the issuance of a building nal Engineers Ontario (PEO);
Name of Owner:	TI	The undersigned hereby certifies that he/she has read and agrees to the above Date:				
Address of Owner:					Telephor	ne:
Signature of Owner:			Print Name:		Fax:	
Coordinator of the w		 S:			Telephor	ne:
Address:			Fax:			
construction of the basis for the issuar	building indicated	, to determine whermit, in accordance	ether the construction ce with the performanc DED PORTION TO BE COM O ELECTRICAL	that they have been retained in general conformity be standards of the OAA and APLETED BY CONSULTANTS O SITE SERVICES	with the plans and and/or PEO.	
Consultant Name:			Signature:	Print Name:		Date:
Telephone:	Fax:		Address:			
O ARCHITECTURAL Consultant Name:	O STRUCTURAL	O MECHANICAL	O ELECTRICAL Signature:	O SITE SERVICES Print Name:	O OTHER (SPECIFY): Date:
Telephone:	Fax:		Address:			
O ARCHITECTURAL Consultant Name:	O STRUCTURAL	O MECHANICAL	o ELECTRICAL Signature:	O SITE SERVICES Print Name:	O OTHER (SPECIFY): Date:
Telephone:	Fax:		Address:			
O ARCHITECTURAL Consultant Name:	O STRUCTURAL	O MECHANICAL	O ELECTRICAL Signature:	O SITE SERVICES Print Name:	O OTHER (SPECIFY): Date:
Telephone:	Fax:		Address:			