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

			Part 4 - Uwners	Undertaking		Permit Application No.	
Project Description:							
Address of Project:					Municipality:		
NOW THEREFORE the 1. The undersigned determine wheth permit, in accordance 2. All general reviews 3. Should any retain	Owner, being the period architect and/or her the construction dance with the performed architect or profined architect architect or profined architect arc	re licensed to present who intends professional engine standard thitect and/or professional enginessional enginess	ractice in Ontario; s to construct or have the ineers have been retained and the plans of the Ontario Associates assigned as the cease to provide general engineers will be cease to provide general engineers.	he building constructed ained to provide gener s and other documents ation of Architects (OAA) be forwarded promptly neral reviews for any rea	hereby warrants the al reviews of the that form the basis of the Chief Buildingson during constru	construction of the building to some some second some	
The undersigned hereby certifies that he/she has not				she has read and agree	has read and agrees to the above Date:		
Address of Owner:				Telephone:			
Signature of Owner:			Print Name:	Fax:			
(or officer of corporatio	<u> </u>						
Coordinator of the work of all consultants:					Telephone:		
Address:				Fax:			
construction of the	building indicated,	to determine who	ether the construction is ether the construction is	nat they have been reta	with the plans and and/or PEO.	general reviews of the parts of dother documents that form the Date:	
Telephone:	Fax:		Address:				
☐ ARCHITECTURAL Consultant Name:	STRUCTURAL	☐ MECHANICAL	☐ ELECTRICAL Signature:	SITE SERVICES Print Name:	□ OTHER (SPECIFY	Date:	
Telephone:	Fax:		Address:				
☐ ARCHITECTURAL Consultant Name:	STRUCTURAL	☐ MECHANICAL	☐ ELECTRICAL Signature:	SITE SERVICES Print Name:	□ OTHER (SPECIFY	Date:	
Telephone:	Fax:		Address:				
☐ ARCHITECTURAL Consultant Name:	STRUCTURAL	☐ MECHANICAL	☐ ELECTRICAL Signature:	SITE SERVICES Print Name:	□ OTHER (SPECIFY	Date:	
Telephone:	Fax:		Address:				