



BUILDING PERMIT OCCUPANCY CERTIFICATE APPLICATION

The complete package including all the documentation listed below shall be submitted in a binder with a cover index to the District Building Inspector a minimum of **five (5) working days** prior to the Final Occupancy Inspection. This documentation should be reviewed with the District Building Inspector for any additional items that may have developed during construction.

Project Address:
Project Name:
Building Permit Number:

LETTERS OF ASSURANCE - PRIME CONSULTANTS

<u>Discipline</u>	<u>Name of Registered Professional</u>	<u>Schedules Submitted</u>	
		<u>C-A</u>	<u>C-B</u>
CRP	_____	<input type="checkbox"/>	<input type="checkbox"/>
Architectural	_____		<input type="checkbox"/>
Structural	_____		<input type="checkbox"/>
Mechanical	_____		<input type="checkbox"/>
Plumbing	_____		<input type="checkbox"/>
Fire Suppression (Spec)	_____		<input type="checkbox"/>
Fire Suppression (Detail)	_____		<input type="checkbox"/>
Electrical	_____		<input type="checkbox"/>
Geotechnical – Temp.	_____		<input type="checkbox"/>
Geotechnical – Perm.	_____		<input type="checkbox"/>
			Submitted
			<u>CP-2</u>
Certified Professional	_____		<input type="checkbox"/>

ADDITIONAL ASSURANCE DOCUMENTATION

<u>Discipline</u>	<u>Name of Registered Professional</u>	<u>Schedules Submitted</u>	
		<u>E-2</u>	<u>Letter</u>
Building Envelope	_____	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Solution(s)	_____		<input type="checkbox"/>
Methane Mitigation	_____		<input type="checkbox"/>

PROJECT REQUIREMENTS

	<u>Required</u>	<u>Submitted</u>
Original Fire Alarm Verification	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection Signaling Certificate (CAN/ULC-S561)	<input type="checkbox"/>	<input type="checkbox"/>
B.C.L.S Building Location Survey	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Fire Protection & Life Safety Systems Letter/Checklist (Sealed by RP)	<input type="checkbox"/>	<input type="checkbox"/>
Final Energy Report for new C, D & E Part 3 Buildings (sealed by RP)	<input type="checkbox"/>	<input type="checkbox"/>
Air Tightness Testing Report	<input type="checkbox"/>	<input type="checkbox"/>
Final Energy Checklist	<input type="checkbox"/>	<input type="checkbox"/>
Test Protocol & Procedures for Fire & Life Safety Systems (Trip Test)	<input type="checkbox"/>	<input type="checkbox"/>

FINAL INSPECTION AND APPROVALS BY CITY

	<u>Copy Submitted</u>
Electrical	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Fire Prevention Office	<input type="checkbox"/>
Planning	<input type="checkbox"/>
Engineering	<input type="checkbox"/>
Climate Action	<input type="checkbox"/>

I hereby confirm that the building has been substantially completed and the “Coordinated Final Consultant Review” has been conducted.

Coordinating Registered Professional			
	Print Name	Signature	Date