



City of Burnaby
 Building Division, Planning and Development Department
 2ND Floor, 4949 Canada Way, Burnaby, BC V5G 1M2
 Phone: 604-294-7130 Fax: 604-294-7986

CERTIFIED PROFESSIONAL (CP) PROGRAM OCCUPANCY CERTIFICATE APPLICATION

Application Date: _____

Plan Reviewer (PR): _____

*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 **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> | Schedules Submitted | |
|---------------------------|--|----------------------------|--------------------------|
| | | <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> | Schedules | Submitted |
|-------------------------|--|--------------------------|--------------------------|
| | | <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

| | Required | Submitted |
|--|--------------------------|--------------------------|
| 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

| | Copy Submitted |
|-----------------|--------------------------|
| Electrical | <input type="checkbox"/> |
| Plumbing | <input type="checkbox"/> |
| Gas | <input type="checkbox"/> |
| Fire Prevention | <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.

Certified Professional: _____

Print Name
Signature
Date