



FORM A.1 DESIGNER INFORMATION

Building Department
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Windsor, Ontario N9A 6S1
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EMAIL: buildingdept@citywindsor.ca

Use one form for each individual who reviews and takes responsibility for design activities with respect to the project.

A. Project Information		
Building number, street name		Unit number
		Lot/con.
Municipality	Postal code	Plan number/other description

B. Individual who reviews and takes responsibility for design activities			
Last name		First name	
		Corporation or partnership	
Street address			Unit number
			Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number	Fax		Cell number

C. Design activities undertaken by individual identified in Section B [Building Code Table 3.5.2.1. of Division C]			
<input type="checkbox"/> House	<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing - House
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> HVAC - House	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Plumbing – All Buildings
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Building Structural	<input type="checkbox"/> On-site Sewage Systems
Description of designer's work			

D. Declaration of Designer	
I _____ declare that: (choose one as appropriate): Print Name	
I review and take responsibility for the design work on behalf of a firm registered under subsection 3.2.4. of Division C, of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories.	
Individual BCIN:	_____
Firm BCIN:	_____
I review and take responsibility for the design and am qualified in the appropriate category as an "other designer" under subsection 3.2.5. of Division C, of the Building Code.	
Individual BCIN:	_____
Basis for exemption from registration:	_____
The design work is exempt from the registration and qualification requirements of the Building Code.	
Basis for exemption from registration and qualification:	_____
I certify that:	
1. The information contained in this schedule is true to the best of my knowledge.	
2. I have submitted this application with the knowledge and consent of the firm.	
_____	_____
Signature of Designer	Date

NOTE:
 1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) (c) 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. Form A.1 is not required to be completed by a holder of a license, temporary license, or a certificate of practice, issued by the Ontario Association of Architects. Form A.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.

Personal information contained in this form and schedules is collected under the authority of subsection 8.(1.1) of the *Building Code Act, 1992*, and will be used in the administration and enforcement of the *Building Code Act, 1992*. Questions about the collection of personal information may be addressed to: a) the Chief Building Official of the municipality or upper-tier municipality to which this application is being made, or, b) the inspector having the powers and duties of a chief building official in relation to sewage systems or plumbing for an upper-tier municipality, board of health or conservation authority to whom this application is made, or, c) Director, Building and Development Branch, Ministry of Municipal Affairs and Housing 777 Bay St., 2nd Floor. Toronto, M5G 2E5 (416) 585-6666.
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