

## **Municipality of Chatham-Kent**

Building Development Services

315 King St. West P.O. Box 640 Chatham, ON N7M5K8 Tel: (519) 360-1998 Fax: (519) 436-3215

## **GENERAL REVIEW COMMITMENT CERTIFICATE**

(In accordance with Division C, Section 1.2.2. of the Ontario Building Code)

Office Use Only Permit No: Roll No.: <b>3650</b>				
Description of Wor	k:			
Project Address: _				
	eted by all consultants retained y certifies that he/she has be	d for General Review) een retained to provide General	Review of the following pa	arts of construction.
ARCHITECT	Name: Signature:			
	Address:	Street	City	Province Postal Code
BCDN	Telephone:	Fax:	,	
ENGINEER (Structural)	-			
	Address:			
		Street	City	Province Postal Code
BCIN	Telephone:	Fax:	Email: _	
ENGINEER (Mechanical)	Name:		Signature:	
	Address:	Street	City	Province Postal Code
BCIN	Telephone:	Fax:	Email:	
ENGINEER (Electrical)	Name:	Signature:		
	Address:	Street	City	Province Postal Code
BCIN	Telephone:	Fax:	,	
(This part must be comple	eted by Owner or Agent autho	rized by Owner)		
THE OWNER, being the professional engineer(s) of prior to and as a condition Building Official all writter retained architect(s) and/o	person who intends to construction who intends to construction of permit issuance, and author reports arising out of the requor professional engineer(s).	ct, or have constructed, a building, and return to the Building Services orizes the retained architect(s) and uired General Review undertaken p	Department the General Ref I professional engineer(s) to bursuant to Section 2.3 of O	eview Commitment Certificate(s) of forward directly to the Chief
ADDRESS:				<del>-</del>
	Stre		City	Postal Code
I the undersigned, _ to the above.	(Please Print)	am the Owner/Ag	gent on behalf of the C	wner have read and agree
Signature			Date	