COMMITMENT TO GENERAL REVIEWS BY ARCHITECT AND ENGINEERS

THIS FORM TO BE COMPLETED BT THE	UWNER OR UWNER'S AUTHORIZED AGENT, AND SIGNED E	ST ALL CONSULTAINTS RETAINED FOR GENERAL REVIEWS
Project Description:	Part A - Owner's Undertaki	DI Permit Application No.
Address of Project:		Municipality:
 professional engineer or both that are licent in the intervention of the professional engineer or both that are licent in the profession of the pro	sensed to practice in Ontario; son who intends to construct or have the building of essional engineers have been retained to provide general conformity with the plans and other docu- tice standards of the Ontario Association of Archite ct and/or professional engineers will be forwarded ssional engineer cease to provide general review	e general reviews of the construction of the building to uments that form the basis for the issuance of a building acts (OAA) and/or Professional Engineers Ontario (PEO);
Name of Owner:	ersigned hereby certifies that he/she has read an	nd agrees to the above Date:
ddress of Owner.		Telephone:
Signature of Owner:	Print Name:	Fax:
(or officer of corporation)		
Coordinator of the work of all consultants:		Telephone:
Address:		Fax:

Part B - Consultants

The undersigned architect and/or professional engineer(s) hereby certify that they have been retained to provide general reviews of the parts of construction of the building indicated, to determine whether the construction is in general conformity with the plans and other documents that form the basis for the issuance of a building permit, in accordance with the performance standards of the OAA and/or **PEO**.

SHADED PORTION TO BE COMPLETED BY CONSULTANTS						
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:	G STRUCTURAL	MECHANICAL ELECTRICAL Signature:	SITE SERVICES Print Name:	OTHER (SPECIFY):	Date:	
Telephone:	Fax:	Address:				
ARCHITECTURAL Consultant Name:	STRUCTURAL	MECHANICAL GELECTRICAL Signature:	SITE SERVICES Print Name:	Gother (Specify):	Date:	
Telephone:	Fax:	Address:				