

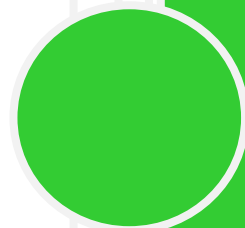
SITE PLAN PROCESS

BUILDING DIVISION SITE PLAN MATRIX
& DESIGNER INFORMATION



The City of Cornwall – Planning Division

Revised 2009



1	Project Description:	<input type="checkbox"/> New	<input type="checkbox"/> Addition	<input type="checkbox"/> Alteration	<input type="checkbox"/> Part 3	<input type="checkbox"/> Part 9			
2	Building Design Classification 3.2.2. _____	Major Occupancy	Group _____		Division _____				
	(If applicable)	Major Subsidiary Occupancy	Group ____, Division ____ (greater than 10%)		<input type="checkbox"/> Not Applicable				
3.	Building Area	_____ (sq m) Existing	_____ (sq ft) Existing	Barrier- Free Design (Section 3.8)					
		_____ (sq m) New	_____ (sq ft) New				<input type="checkbox"/> YES		
		_____ (sq m) Mezzanine	_____ (sq ft) Mezzanine	<input type="checkbox"/> NO	(explain) _____				
		_____ (sq m) TOTAL	_____ (sq ft) TOTAL						
4.	Construct'n Type	<input type="checkbox"/> Combustible	<input type="checkbox"/> Non Combustible						
5.	Number of Stories	_____ Above Grade	_____ Below Grade	Over 18m?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
6.	Building Height	_____ (sq m) _____ (sq ft)	_____ (sq m) _____ (sq ft)	Over 36m?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
7.	Number of Streets	_____ (as per OBC Article 3.2.2.10)		Under 3.2.6.?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
8.	Sprinkler System	_____ Entire Building	_____ in Lieu of Roof Rating						
		_____ Basement Only	_____ (sq ft) New	_____ Provided under Base Building (if app)					
9.	Fire Alarm System	<input type="checkbox"/> YES	<input type="checkbox"/> NO	10.	Standpipe System	<input type="checkbox"/> YES <input type="checkbox"/> NO			
11.	Occupant Load	General Public = _____ Persons		Employees / Staff = _____ Persons					
12.	Plumbing Req'm't	Male		Female		Shared Staff Washrooms (3.7.4.3.(8))			
	Required								
	Provided								
13.	Spatial Separation	Area of EBF (m ²)	Limiting Distance (m)	L/H or H/L	Permitted max % of Openings	Fire Resistance Rating	Listed Design or Description	Construction Type	
	NORTH WALL								
	SOUTH WALL								
	EAST WALL								
	WEST WALL								
14.	Design activities undertaken by individual identified in Section B (Building Code Table 2.20.2.1)								
	<input type="checkbox"/> HOUSE <input type="checkbox"/> SMALL BUILDINGS <input type="checkbox"/> LARGE <input type="checkbox"/> COMPLEX BUILDINGS								
	Declaration of Designer	I, _____ declare that (please choose one) :							
		<input type="checkbox"/>	I review and take responsibility for the desing work on behalf of a firm registered under Division C, Part 3 of the 2006 Building Code. I am qualified and the firm is registered, in the appropriate classes / categories. INDIVIDUAL BCIN: _____ FIRM BCIN: _____						
		<input type="checkbox"/>	I review and take responsibility for the desing work and am qualified in the appropriate category as an "Other Designer" under Division C, Part 3 of the 2006 Building Code INDIVIDUAL BCIN: _____ Basis for exemption from Registration: _____						
	I certify that:	1. The information contained in this schedule is true to the best of my knowledge			2. I have authority to bind the corporation or partnership (if applicable)				
		Date:			Signature:				

Schedule 1: Designer Information

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 no.	Lot/con.
Municipality	Postal code	Plan number/ other description	
B. Individual who reviews and takes responsibility for design activities			
Name		Firm	
Street address		Unit no.	Lot/con.
Municipality	Postal code	Province	E-mail
Telephone number ()	Fax number ()		Cell number ()
C. Design activities undertaken by individual identified in Section B. [Building Code Table 2.20.2.1]			
<input type="checkbox"/> House	<input type="checkbox"/> HVAC – House	<input type="checkbox"/> Building Structural	
<input type="checkbox"/> Small Buildings	<input type="checkbox"/> Building Services	<input type="checkbox"/> Plumbing – House	
<input type="checkbox"/> Large Buildings	<input type="checkbox"/> Detection, Lighting and Power	<input type="checkbox"/> Plumbing – All Buildings	
<input type="checkbox"/> Complex Buildings	<input type="checkbox"/> Fire Protection	<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)			
<input type="checkbox"/> I review and take responsibility for the design work on behalf of a firm registered under subsection 2.17.4. of the Building Code. I am qualified, and the firm is registered, in the appropriate classes/categories. Individual BCIN: _____ Firm BCIN: _____			
<input type="checkbox"/> I review and take responsibility for the design work and am qualified in the appropriate category as an "other designer" under subsection 2.17.5. of the Building Code. Individual BCIN: _____ Basis for exemption from registration: _____			
<input type="checkbox"/> 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:			
<ol style="list-style-type: none"> 1. The information contained in this schedule is true to the best of my knowledge. 2. I have authority to bind the corporation or partnership (if applicable). 			
_____		_____	
Date		Signature of Designer	

*For the purposes of this form, "individual" means the "person" referred to in Clause 2.17.4.7.(1)(d), Article 2.17.5.1. and all other persons who are exempt from qualification under Subsections 2.17.4. and 2.17.5.

NOTE:

1. Firm and Individual BCIN numbers are not required for building permit applications submitted prior to January 1, 2006
2. Schedule 1 does not need to be completed by architects, or holders of a Certificate of Practice or a Temporary License under the *Architects Act*.