



ASSURANCE OF PROFESSIONAL DESIGN AND COMMITMENT FOR FIELD REVIEW

*⁰REGARDING:

PROPERTY CIVIC ADDRESS

PERMIT NO.

PROPERTY LEGAL DESCRIPTION

PROJECT DESCRIPTION

I hereby give assurance that:

- a) the design of the plans and supporting documents prepared by me in support of the application for the building permit for the site services shown on drawing number(s) _____ dated _____ substantially comply with good engineering practices and other applicable enactments respecting safety except for construction safety aspects.
- b) I undertake to be responsible for *field reviews*[§] of the referenced works during construction.
- c) I agree to submit copies of field inspection reports and a letter of Assurance of Professional Field Review and Compliance of Site Servicing to the Resort Municipality of Whistler at the completion of the works.
- d) I am a *registered professional* as defined in the British Columbia Building Code~.

* This form must be submitted before issuance of a building permit.

⁰ In this letter words in italics have the same meaning as in the BC Building Code.

§ BC Building Code defines field reviews to mean those reviews of the work

- a) at a project site of a development to which a building permit relates, and
- b) where applicable, at fabrication locations where components of the works are fabricated for use at the project site.

~The BC Building Code defines a registered professional as:

- a) a person who is registered or licensed to practice as an architect under the *Architects Act*, or
- b) a person who is registered or licensed to practice as a professional engineer under the *Engineer's and Geoscientists Act*.



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- e) I also undertake to notify the *authority having jurisdiction* in writing as soon as possible if my contract for *field review* is terminated at any time during *construction*.

NAME OF REGISTERED PROFESSIONAL

SIGNATURE OF REGISTERED PROFESSIONAL

SIGNED THIS _____ DAY OF _____, 20 _____.

(Affix PROFESSIONAL SEAL here)

CONTACT INFORMATION FOR REGISTERED PROFESSIONAL

ADDRESS: _____

TELEPHONE: _____

IF THE *REGISTERED PROFESSIONAL* IS A MEMBER OF A FIRM, COMPLETE THE FOLLOWING:

I am a member of the firm:

PRINT NAME OF FIRM

and sign this letter on behalf of the firm.