Schedule 1: Designer Information

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

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A. Project Information					
Building number, street name		Unit no.		Lot/con.	
3400 Old Montreal Road					
Municipality	Postal code	Plan number/ other	description		
Ottawa Ontario					
B. Individual who reviews and takes re		design activitie	es		
Name	Firm				
Les Hess Street address	BRHDG Unit no. ILot/con.		Lot/con.		
11 James Street		OTHER NO.			
Municipality	Postal code	Province	E-mail		
Seguin	P2A 0B6	Ontario		les@brhdg.com	
Telephone number	Fax number		Cell number		
(705) 704-9393	(705) 704-9393				
C. Design activities undertaken by individual identified in Section B. [Building Code Table 3.5.2.1. of Division C]					
▼ House	HVAC - House		Buildinç	g Structural	
	Building Services		Plumbi	☐ Plumbing - House	
Large Buildings	Detection, Lighting and Power		Plumbing - All Buildings		
Complex Buildings	Fire Protection		On-site Sewage Systems		
Description of designer's work	Report				
	•	Slab and Sm	all Ruile	dina	
D. Declaration of Designer					
I, Les Hess			declare th:	at (choose one as appropriate):	
(print name)			_ deciale the	at (Gloose one as appropriate).	
_					
I reviewed 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: 109946					
Firm BCIN: 112388					
I reviewed 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 registr	ration:				
□-···	e e e e e e e e e e e e e e e e e e e				
The design work is exempt from the registration and qualification requirements of the Building Code. Basis for exemption from registration and qualification:					
Dasis für exemplion nom registration i	and qualification				
I certify that:					
 The information contained in this schedule is true to the best of my knowledge. I have submitted this application with the knowledge and consent of the firm. 					
2. Thave submitted this application with the kin	owiedge and consent of	tile iiiiii.	//		
March 2, 2022	_	0		**************************************	
Date		Signature of Designer			

NOTE:

- 1. For the purposes of this form, "individual" means the "person" referred to in Clause 3.2.4.7(1) d).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. Schedule 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. Schedule 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.