



Complex Buildings - Confirmation of Required Documents

District of Lake Country
 10150 Bottom Wood Lake Road
 Lake Country, BC V4V 2M1
 t: 250-766-6675 f: 250-766-0200
 Inspection Request Line: 250-766-6676
 lakecountry.bc.ca

For use by Coordinating Registered Professionals to submit all required documents to the Chief Building Official 48 hours prior to the Pre-Occupancy Coordinated Review.

INFORMATION

Name: _____ Date: _____

Company Name: _____

PROPERTY INFORMATION

Building Permit No: _____ Roll # _____

Legal Description: _____

Civic Address: _____

Owner's Name: _____

CONFIRMATION OF REQUIRED DOCUMENTS

PROVIDED N/A

Directory of Principals (Role/Firm/Name/Telephone)

Owner	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating Registered Professional	<input type="checkbox"/>	<input type="checkbox"/>
Registered Professionals	<input type="checkbox"/>	<input type="checkbox"/>
Warranty Provided	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Builder	<input type="checkbox"/>	<input type="checkbox"/>
Sub-Contractors	<input type="checkbox"/>	<input type="checkbox"/>

Letters of Assurance (A, B, C-A, C-B)

Coordinating Registered Professional	<input type="checkbox"/>	<input type="checkbox"/>
Architectural	<input type="checkbox"/>	<input type="checkbox"/>
Structural	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Geotechnical Temporary	<input type="checkbox"/>	<input type="checkbox"/>
Geotechnical Permanent	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression	<input type="checkbox"/>	<input type="checkbox"/>
Other - specify:	<input type="checkbox"/>	<input type="checkbox"/>

Professional Review Letters

Alternative Solution (Confirmation of Field Review – sealed)	<input type="checkbox"/>	<input type="checkbox"/>
Site Services – Civic Engineer	<input type="checkbox"/>	<input type="checkbox"/>
Building Envelope Specialist	<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|-----------------------------------|--------------------------|--------------------------|
| Roofing Consultant | <input type="checkbox"/> | <input type="checkbox"/> |
| Generator Test Report/Certificate | <input type="checkbox"/> | <input type="checkbox"/> |
| Other – specify | <input type="checkbox"/> | <input type="checkbox"/> |
| Other - specify | <input type="checkbox"/> | <input type="checkbox"/> |

Fire Alarm

- | | | |
|---|--------------------------|--------------------------|
| Fire Alarm Verification Certificate (include field work sheets) | <input type="checkbox"/> | <input type="checkbox"/> |
| Letter of Signed Contract from ULC Listed Monitoring Agency | <input type="checkbox"/> | <input type="checkbox"/> |

Sprinkler Systems

- | | | |
|---|--------------------------|--------------------------|
| Material and Test Certificate – Above ground piping | <input type="checkbox"/> | <input type="checkbox"/> |
| Material and Test Certificate – Underground piping | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Pump Test Report | <input type="checkbox"/> | <input type="checkbox"/> |

Provincial Approvals

- | | | |
|---|--------------------------|--------------------------|
| Certificate to Operate Elevating Device (one per each device) | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Approval (on-site sewage disposal) | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Approval (food services) | <input type="checkbox"/> | <input type="checkbox"/> |

District Approvals

- | | | |
|---|--------------------------|--------------------------|
| Sprinkler Permit – Pre-occupancy coordinated review | <input type="checkbox"/> | <input type="checkbox"/> |
| Fire Department Acceptance (Fire Safety Plan) | <input type="checkbox"/> | <input type="checkbox"/> |
| Final Inspection (Building Official – pre-occupancy review) | <input type="checkbox"/> | <input type="checkbox"/> |
| Developmental Engineering Final Inspection | <input type="checkbox"/> | <input type="checkbox"/> |
| Planning Technicians Final Inspection | <input type="checkbox"/> | <input type="checkbox"/> |

Deficiency List

- | | | |
|----------------------|--------------------------|--------------------------|
| List of Deficiencies | <input type="checkbox"/> | <input type="checkbox"/> |
|----------------------|--------------------------|--------------------------|

COORDINATING REGISTERED PROFESSIONAL’S INFORMATION

Submitted by Coordinating Registered Professional

Registered Professional’s Signature	Registered Professional’s Name (print)	Date

Company Name	Address

Email	Phone