

## SQUAMISH-LILLOOET REGIONAL DISTRICT

### Appendix E – Confirmation of Required Documentation

Building Permit Number: \_\_\_\_\_

*Note:*

1. *The Confirmation of Required Documentation and all required documentation must be submitted to the Chief Building Inspector 48 hours prior to the Pre-Occupancy Coordinated Review.*
2. *The Confirmation of Required Documentation and all required documentation must be submitted in a tabbed ringed binder, with tab sections as per this Appendix.*

	Provided	N/A	
TAB 1	<input type="checkbox"/>	<input type="checkbox"/>	CONFIRMATION OF REQUIRED DOCUMENTATION
TAB 2	<input type="checkbox"/>	<input type="checkbox"/>	DIRECTORY OF PRINCIPALS (Role/Firm/Name/Telephone)
	<input type="checkbox"/>	<input type="checkbox"/>	Owner
	<input type="checkbox"/>	<input type="checkbox"/>	Co-ordinating 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
TAB 3	<input type="checkbox"/>	<input type="checkbox"/>	LETTERS OF ASSURANCE (A, B, C-A, C-B)
	<input type="checkbox"/>	<input type="checkbox"/>	Co-ordinating 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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Geotechnical Temporary Geotechnical Permanent Fire Suppression _____ (other)
TAB 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	PROFESSIONAL REVIEW LETTERS Alternative Solution (Confirmation of Field Review Sealed) Site Services – Civic Engineer Building Envelope Specialist Roofing Consultant Generator Test Report / Certificate Certified Forrester Qualified Environmental Professional Registered Wastewater Practitioner Potable Water Testing (Other – specify) _____ (Other – specify) _____
TAB 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	FIRE ALARM Fire Alarm Verification Certificate (include field work sheets) Letter of Signed Contract from ULC Listed Monitoring Agency
TAB 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	SPRINKLER SYSTEMS Material and Test Certificate – Above ground piping Material and Test Certificate – Underground piping Fire Pump Test Report

TAB 7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PROVINCIAL APPROVALS</b>  Certificate to Operate Elevating Device (one per each device)  Technical Safety BC (electrical/gas permits and approvals)  Health Approval (on-site sewage disposal)  Health Approval (food services)  Ministry of Highway and Infrastructure (Permit and Approvals)  Agricultural Land Commission (Approvals)
TAB 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>REGIONAL DISTRICT APPROVALS</b>  Sprinkler Permit – Pre-occupancy Coordinated Review  Fire Department Acceptance - (Fire Safety Plan)  Final Inspection (Building Inspector – pre-occupancy review)  Development – Utilities & Environmental Services (inspection and approvals)  Final Inspection  Planning Technicians Final Inspection
TAB 9	<input type="checkbox"/> <input type="checkbox"/>	Deficiency List

Submitted by Coordinating Registered Professional

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (PRINT)

\_\_\_\_\_  
Phone