



City of
Burnaby
 Building Department
 4949 Canada Way, Burnaby, BC V5G 1M2
 Phone: 604-294-7130 Fax: 604-294-7986

OCCUPANCY CERTIFICATE APPLICATION

*The complete package including all the documentation listed below shall be submitted in a binder with a cover index to the District Building Inspector a minimum **five (5) working days** prior to the Final Occupancy Inspection. This documentation should be reviewed with the District Building Inspector for any additional items that may have developed during construction.*

Project Address: _____
 Project Name: _____
 Building Number: _____
 Building Permit No.: _____

LETTERS OF ASSURANCE - PRIME CONSULTANTS

<i>Discipline</i>	<i>Name of Registered Professional</i>	<i>Schedules Submitted</i>	
		<i>C-A</i>	<i>C-B</i>
CRP	_____	<input type="checkbox"/>	<input type="checkbox"/>
Architectural	_____		<input type="checkbox"/>
Structural	_____		<input type="checkbox"/>
Mechanical	_____		<input type="checkbox"/>
Plumbing	_____		<input type="checkbox"/>
Fire Suppression (Spec)	_____		<input type="checkbox"/>
Fire Suppression (Detail)	_____		<input type="checkbox"/>
Electrical	_____		<input type="checkbox"/>
Geotechnical-Temp.	_____		<input type="checkbox"/>
Geotechnical-Perm.	_____		<input type="checkbox"/>

ADDITIONAL ASSURANCE DOCUMENTATION

<i>Discipline</i>	<i>Name of Registered Professional</i>	<i>Schedules Submitted</i>	
		<i>E-2</i>	<i>Letter</i>
Building Envelope	_____	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Solution(s)	_____		<input type="checkbox"/>
Methane Mitigation	_____		<input type="checkbox"/>

PROJECT REQUIREMENTS

	<i>Required</i>	<i>Submitted</i>
Original Fire Alarm Verification	<input type="checkbox"/>	<input type="checkbox"/>
Confirmation of On-Line Monitoring	<input type="checkbox"/>	<input type="checkbox"/>
B.C.L.S. Building Location Survey	<input type="checkbox"/>	<input type="checkbox"/>
Test Protocol & Procedures for Fire & Life Safety Systems	<input type="checkbox"/>	<input type="checkbox"/>

FINAL INSPECTION AND APPROVALS BY CITY

	<i>Copy Submitted</i>
Electrical	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Fire Prevention Office	<input type="checkbox"/>
Planning	<input type="checkbox"/>
Engineering	<input type="checkbox"/>

I hereby confirmed that the building has been substantially completed and the "Coordinated Final Consultant Review" has been conducted.

_____	_____	_____
<i>CRP (Print Name)</i>	<i>(Signature)</i>	<i>(Date)</i>

Q:\Forms\Forms on the Web\Occupancy Certificate Application.doc Revised: 2019 June 17