



The complete package including all the documentation listed below shall be submitted in binder form with cover index to the City Building Inspector a minimum five (5) working days prior to the Final Occupancy Inspection. This documentation should be reviewed with the City Building Inspector for any additional items that may have been required as part of the construction process.

Office use only:

Project Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Building No.(s): \_\_\_\_\_

Building Permit No.(s): \_\_\_\_\_

### Letters of Assurance – Prime Consultants

Discipline	Name of Registered Professional	Schedules Submitted	Schedules Received
Schedule C-A	_____	<input type="checkbox"/>	<input type="checkbox"/>
CRP	_____	<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"/>
Civil	_____	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression (P.Specifications)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Fire Suppression (Installation)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	_____	<input type="checkbox"/>	<input type="checkbox"/>
Geotechnical	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>

### Additional Assurance Documentation

Discipline	Name of Registered Professional	Schedules L-3	Submitted Letter
Landscape	_____	<input type="checkbox"/>	<input type="checkbox"/>
Alternate Solution(s)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Retaining Wall(s)	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>
Other	_____	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE TURN PAGE OVER**



### Additional Project Documentation

	Required	Submitted
Fire Alarm Verification Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Fire Alarm Verification Report	<input type="checkbox"/>	<input type="checkbox"/>
ULC Fire Alarm Monitoring Certificate	<input type="checkbox"/>	<input type="checkbox"/>
B.C.L.S. Survey	<input type="checkbox"/>	<input type="checkbox"/>
Fire & Life Safety Commissioning Protocol	<input type="checkbox"/>	<input type="checkbox"/>
Prepared by; _____		
Elevating Device Certification (Tech Safety BC)	<input type="checkbox"/>	<input type="checkbox"/>
Gas Approval (Tech Safety BC)	<input type="checkbox"/>	<input type="checkbox"/>
Fire Hydrant Installation Form (Maple Ridge Fire Dept.) (For on-site fire hydrants only)	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

### Final Inspection & Approvals by City

	Copy Submitted
Electrical	<input type="checkbox"/>
Electrical (low voltage)	<input type="checkbox"/>
Sprinkler	<input type="checkbox"/>
Plumbing	<input type="checkbox"/>
Gas	<input type="checkbox"/>
Fire Prevention Department	<input type="checkbox"/>
Planning Department.	<input type="checkbox"/>
Engineering Department.	<input type="checkbox"/>
Engineering Works Inspectors	<input type="checkbox"/>
Other _____	<input type="checkbox"/>

CRP's Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 CRP (Print Name)

(affix CRP's Seal)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date