



**Town of Gibsons**  
**BYLAW No. 1284, 2020**  
**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.*

TAB 1	<input type="checkbox"/> <b>Provided</b> <input type="checkbox"/> <b>N/A</b>	CONFIRMATION OF REQUIRED DOCUMENTATION
TAB 2	<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"/>	DIRECTORY OF PRINCIPALS (Role/Firm/Name/Telephone) Owner Co-ordinating Registered Professional Registered Professionals Warranty Provided Licensed Builder Sub-Contractors
TAB 3	<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"/>	LETTERS OF ASSURANCE (A, B, C-A, C-B) Co-ordinating Registered Professional Architectural Structural Mechanical Plumbing Electrical 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"/>	PROFESSIONAL REVIEW LETTERS Alternative Solution (Confirmation of Field Review – sealed) Site Services – Civil Engineer

- Building Envelope Specialist
- Roofing Consultant
- Generator Test Report / Certificate
- (Other - specify) \_\_\_\_\_
- (Other - specify) \_\_\_\_\_

- TAB 5      FIRE ALARM
- Fire Alarm Verification Certificate (include field work sheets)
  - Letter of Signed Contract from ULC Listed Monitoring Agency

- TAB 6      SPRINKLER SYSTEMS
- Material and Test Certificate – Above ground piping
  - Material and Test Certificate – Underground piping
  - Fire Pump Test Report

- TAB 7      PROVINCIAL APPROVALS
- Certificate to Operate Elevating Device (one per each device)
  - Health Approval (on-site sewage disposal)
  - Health Approval (food services)

- TAB 8      TOWN APPROVALS
- Sprinkler Permit – Pre-occupancy Co-ordinated Review
  - Fire Department Acceptance (Fire Safety Plan)
  - Final Inspection (Building Inspector– pre-occupancy review)
  - Developmental Engineering Final Inspection
  - Planning Technicians Final Inspection

TAB 9      DEFICIENCY LIST

Submitted by Coordinating Registered Professional

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone