



District of North Vancouver
355 West Queens Rd
North Vancouver, BC V7N 4N5
Tel 604-990-2480 Fax 604-984-9683 email building @dnv.org

Schedule I Confirmation of Required Documents

Building Permit Number

- Note: 1. The Confirmation of Required Documentation and all required documentation must be submitted to the Building Inspector 48 hours prior to the Pre-occupancy Coordinated Review.
2. The Confirmation of Required Documentation and all required documentation to be submitted in tabbed ringed binder. Tab sections per this schedule.

	Provided	Not Applicable	
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-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
TAB 3	<input type="checkbox"/>	<input type="checkbox"/>	LETTERS OF ASSURANCE (A, B-1,B-2, CA, CB)
	<input type="checkbox"/>	<input type="checkbox"/>	Co-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"/>	Fire Suppression Systems
	<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"/>	_____ (Other – specify)
	<input type="checkbox"/>	<input type="checkbox"/>	_____ (Other – specify)
TAB 4	<input type="checkbox"/>	<input type="checkbox"/>	PROFESSIONAL REVIEW LETTERS
	<input type="checkbox"/>	<input type="checkbox"/>	Equivalency (Confirmation of Field Review – sealed)
	<input type="checkbox"/>	<input type="checkbox"/>	Equivalency (Confirmation of Field Review – Sealed)
	<input type="checkbox"/>	<input type="checkbox"/>	Site Services – Civil 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

_____ (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 – Under ground piping
 Fire Pump Test Report

TAB 7 **PROVINCIAL APPROVALS**

Certificate to Operate Elevating Device (one per each device)
 Gas Safety Branch Approval
 Electrical Safety Branch Approval
 North Shore Health Approval – Pools / Hot Tubs
 North Shore Health Approval – Food Services

TAB 8 **District of North Vancouver Approvals**

Sprinkler Permit – Pre-occupancy Co-coordinated Review
 Electrical Permit(s) Final Inspection
 Plumbing Permit(s) Final Inspection – Pre-occupancy Co-coordinated

Review

Drainage Permit(s) Final Inspection – Pre-occupancy Co-coordinated Review
 Fire Department Acceptance (Fire Safety Plan)
 Building Permit Final Inspection – Pre-occupancy Co-coordinated Review

TAB 9 **DEFICIENCY LIST**

Submitted by Co-coordinating Registered Professional

Name (print)

Date

Signed

Address (print)
