



**ASSURANCE OF FIELD & COMPLIANCE FORM  
(FOR BUILDING PERMIT)**

**Contact Information**

**SECTION 1**

This form must be submitted *after* completion of the project, and *before* issuance of the Occupancy Permit.

Date (yyyy-mm-dd) \_\_\_\_\_ Building Permit Number \_\_\_\_\_

Name of Project \_\_\_\_\_

Address of Project \_\_\_\_\_ Postal Code \_\_\_\_\_

Legal Description of Project \_\_\_\_\_

**Signature of Registered Professional**

**SECTION 2**

I hereby give assurance that:

- a) I have fulfilled by obligations for field review as outlined in Section 13 of the St. John's Building Regulations, and in the previously submitted Commitment for Field Review Form dated (yyyy-mm-dd) \_\_\_\_\_; and
- b) Those components of the project opposite my initials in the Commitment for Field Review Form substantially comply with the plans and supporting documents submitted in support of the application for the building permit; and
- c) I certify that I am a registered professional as required by the Professional Engineers & Geoscientists Act, 2008 & Architects' Act, 2008 of Newfoundland and Labrador

Name \_\_\_\_\_ (Affix Professional Seal Below)

Signed \_\_\_\_\_ Initials Sample \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (Daytime) \_\_\_\_\_ Email \_\_\_\_\_

<b>PERS – Assurance of Field and Compliance Form</b>		<b>Planning, Engineering &amp; Regulatory Services</b>
Privacy Notice		<b>SECTION 3</b>
<p>Collection of Personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to confirm completion of field review obligations and compliance. Questions about the collection and use of the information may be directed to the Manager of the Regulatory Services Division, by email: <a href="mailto:building@stjohns.ca">building@stjohns.ca</a> or by phone 709-576-8565.</p>		
If the Registered Professional is a Member of a Firm, Complete the Following		<b>SECTION 4</b>
<p>I am a member of the firm and I sign this letter on behalf of myself and the firm.</p> <p>Permit to Practice Reg. No. _____</p> <p>Name of Firm _____</p> <p>Address of Firm _____</p> <p>City _____ Postal Code _____</p> <p>NOTE: This form must be signed by a registered professional. A registered professional is defined as:</p> <ul style="list-style-type: none"> <li>a) a person who is registered or licensed to practice as a professional engineer under The Engineering &amp; Geosciences Professions Act, 2008 of NL or</li> <li>b) a person who is registered or licensed to practice as an architect under the Architects Act, 2008 of NL</li> </ul>		
Please mail completed form to:	Access St. John's 10 New Gower Street P.O. Box 908 St. John's NL A1C 5M2	Email: <a href="mailto:access@stjohns.ca">access@stjohns.ca</a> Fax: 709-576-7688 Call: 311 or 709-754-2489