

DEVELOPMENT, BUILDINGS, & LICENSING - Building Review Branch

Certified	Professional	Program -	Project	Directory
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PC-BB Engineer: Date:		Project Address: Building Permit #:			
Please indicate who the Coordinating Registered Professional is:					
Certified Professional	Name: Firm's Name:				
	Address:				
	Telephone: Email:	Fax:			
□ Architect	Name: Firm's Name: Address:				
	Telephone: Email:	Fax:			
Structural Engineer	Name: Firm's Name: Address:				
	Telephone: Email:	Fax:			
Mechanical Engineer	Name: Firm's Name: Address:				
	Telephone: Email:	Fax:			
Plumbing Engineer	Name: Firm's Name: Address:				
	Telephone: Email:	Fax:			

City Hall 453 West 12th Ave Vancouver BC V5Y 1V4



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PC-BB Engineer: Date:		Project Address: Building Permit #:	
Fire Suppression Engineer	Name: Firm's Name: Address:		
	Telephone: Email:		Fax:
Electrical Engineer	Name: Firm's Name: Address:		
	Telephone: Email:		Fax:
Geotechnical Engineer	Name: Firm's Name: Address:		
	Telephone: Email:		Fax:
Building Envelope Professional	Name: Firm's Name: Address:		
	Telephone: Email:		Fax:
CP Stamp:	CP Signature:		
	Date:		