

DEVELOPMENT, BUILDINGS, & LICENSING - Building Review Branch

Certific	ed Professional Prog	gram - Project Directory	
PC-BB Engineer:		Project Address:	
Date:		Building Permit #:	
Please indicate who the Coordi	nating Registered Profe	essional is:	
☐ Certified Professional	Name:		
	Firm's Name:		
	Address:		
	Telephone:	Fax:	
	Email:		
□ Architect	Name:		
	Firm's Name:		
	Address:		
	Telephone:	Fax:	
	Email:		
Ctructural Engineer			
□ Structural Engineer	Name:		
	Firm's Name:		
	Address:		
	Tolonhono	For	
	Telephone: Email:	Fax:	
	Lillall.		
☐ Mechanical Engineer	Name:		
	Firm's Name:		
	Address:		
	Telephone:	Fax:	
	Email:		
☐ Plumbing Engineer	Name:		
	Firm's Name:		
	Address:		
	Telephone:	Fax:	
	Email:		



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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:		Fax:
☐ Building Envelope Professional	Name: Firm's Name: Address:		
	Telephone: Email:		Fax:
CP Stamp:	CP Signature:		
	Date:		