

**INFORMATION REQUIRED:**

**The following documents must be submitted along with the application to enroll a multiple unit project (4 or more units).**

<b>In order to expedite your application, please submit the first 3 items as quickly as possible.</b>	
<input type="checkbox"/>	A complete set of working drawings (Architectural, Structural, Mechanical & Electrical) and specifications.
<input type="checkbox"/>	A copy of the Geotechnical and Environmental site assessment reports.
<input type="checkbox"/>	A copy of the Building Envelope professional design review.
<input type="checkbox"/>	Written confirmation from project Architect that design complies with requirements of building code in respect to sound attenuation between units.
<input type="checkbox"/>	A copy of the Certificate of Title.
<input type="checkbox"/>	Copies of Professional Liability Insurance policies inclusive of Errors & Omissions Policy Limits (E & O) for the project's Architect, Civil/Site Engineer, Structural Engineer, Geo-technical and Soils Engineer, Building Envelope Professional.
<input type="checkbox"/>	A copy of Builder/Developer's General Liability and the Course of Construction Insurance policies. (COC required prior to start of construction)
<input type="checkbox"/>	A copy of the Condominium Sale Agreement.
<input type="checkbox"/>	A copy of the Final Executed Lender Commitment Letter from the project lender.
<input type="checkbox"/>	A copy of the Project Construction Budget & Pro-Forma Cash Flow Statement.
<input type="checkbox"/>	A listing of the unit numbers and municipal addresses.

**PROJECT DESCRIPTION**

<b>Legal Identity of Applicant</b>		Date:
Builder/Developer:		
Contact Name:		Phone :
E-mail:		Fax:
Project Name:		
Number of Buildings:	Number of Units:	Number of Phases:
Number of Units per Phase:		
<b>Civic Address of the Project:</b>		
Number/Street:		
City/Town:	Province:	Postal Code:
<b>Legal Address</b>		
Parcel Identifier (PID):		Lots:
Section:		Township:
District & Plan:		

**TYPE OF MULTI-FAMILY PROJECT**

Type of Ownership:	Condo Corporation: <input type="checkbox"/>	Bare Land Strata: <input type="checkbox"/>	Row Housing: <input type="checkbox"/>	Other: <input type="checkbox"/>
Parking Garage: Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Common Buildings: Yes <input type="checkbox"/> No <input type="checkbox"/>		Number:	
Type of Construction	Wood Frame: <input type="checkbox"/>	Steel: <input type="checkbox"/>	Concrete: <input type="checkbox"/>	
Type of Unit	Duplex: <input type="checkbox"/>	Townhouse: <input type="checkbox"/>	Lo-rise/High-rise: <input type="checkbox"/>	Storeys:
Construction Start Date:	____/____/____	Expected Completion Date:	____/____/____	
	day month year		day month year	
(If Applicable)				
Construction Start Date:	____/____/____	Expected Completion Date:	____/____/____	
For Phase 2	day month year	For Phase 2	day month year	
Construction Start Date:	____/____/____	Expected Completion Date:	____/____/____	
For Phase 3	day month year	For Phase 3	day month year	
Please add a separate page if there are more phases to the project. Include phase #, estimated construction start & completion dates.				

<b>LIST OF PROJECT PROFESSIONALS: (Attach copies of Professional Liability Coverage for each professional associated with the project.)</b>	
<b>Architect</b>	
Name:	
Address:	
Contact Name:	Phone:
E-mail:	Fax:
<b>Structural Engineer</b>	
Name:	
Address:	
Contact Name:	Phone:
E-mail:	Fax:
<b>Civil/site Engineer</b>	
Name:	
Address:	
Contact Name:	Phone:
E-mail:	Fax:
<b>Geotechnical Engineer</b>	
Name:	
Address:	
Contact Name:	Phone:
E-mail:	Fax:
<b>Environmental Soils Engineer</b>	
Name:	
Address:	
Contact Name:	Phone:
E-mail:	Fax:
<b>Building Envelope Professional</b>	
Name:	
Address:	
Contact Name:	Phone:
E-mail:	Fax:
<b>Mechanical Engineer</b>	
Name:	
Address:	
Contact Name:	Phone:
E-mail:	Fax:
<b>Electrical Engineer</b>	
Name:	
Address:	
Contact Name:	Phone:
E-mail:	Fax:

CONSTRUCTION FOR THE PROJECT IS TO BE PROVIDED BY:		
In House: <input type="checkbox"/>	General Contractor: <input type="checkbox"/>	Project Manager: <input type="checkbox"/>
<b>General Contractor</b>		
Name:		
Address:		
Contact Name:	Phone:	
E-mail:	Fax:	
<b>Project Manager</b>		
Name:		
Address:		
Contact Name:	Phone:	
E-mail:	Fax:	

\_\_\_\_\_  
Authorized Signature (Builder)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date