
REGISTERED PROFESSIONAL'S DECLARATION OF INSURANCE COVERAGE

Building Permit No.: _____
(office use)

Civic Address of Project: _____

I _____ MAIBC/P.Eng., am a
(print name)

Member of the firm _____
(print name)

and I declare that I am covered for professional errors and omissions insurance in accordance with:

Policy No: _____

Issued by: _____

Date: _____ (affix PROFESSIONAL SEAL here)

Signature: _____

BUILDING AND PLUMBING BYLAW NO 8627