EASTERN INTERLAKE PLANNING DISTRICT

P.O. Box 1758 • 62 – 2ⁿᵈ Avenue
Gimli Manitoba R0C 1B0
Phone: 204 • 642 • 5478   Fax: 204 • 642 • 4061
Email: eipd@mts.net
Website: www.interlakeplanning.com

Serving: Gimli • Bifrost-Riverton • Arborg • Winnipeg Beach

LETTER OF ASSURANCE
OF PROFESSIONAL DESIGN AND COMMITMENT FOR INSPECTION

Date: _____ Permit No. :_____

Re: (project description) _____

The undersigned hereby gives assurance that, to the best of his/her knowledge, the design of the:

Please initial		MBC Parts 3 & 5 (Architectural)
Please initial		MBC Part 4 (Structural, including Part 9 buildings with Part 4 components)
Please initial		MBC Part 6 and MECB Part 5 (HVAC)
Please initial		MBC Part 7 and MECB Part 6 (Plumbing)
Please initial		MECB Parts 4 & 7 (Electrical)
Please initial		Exhaust and Suppression Systems
Please initial		Fire Detection and Alarm Systems
Please initial		Fire Suppression Systems

Components of the project as shown on the plans and supporting documents prepared by this registered professional conform to all the applicable requirements of all applicable Acts, Regulations and By-laws. Furthermore, the undersigned will be responsible for inspections of the above-referenced components during construction, as required by Manitoba Building Code Amendment, Article 2.2.7.2 (1) – Review of Construction.

The undersigned also assured competence in the necessary fields of expertise to undertake the project on the basis of training, ability and expertise in the appropriate professional and technical disciplines.

As used herein, inspections shall mean such reviews of the work at the project site and at fabrication locations, where applicable, as the registered professional, on the basis of professional discretion, considers necessary in order to ascertain that the work conforms in all respects to the plans and supporting documents prepared by this registered professional for which the Building Permit is issued. This includes keeping records of all site visits and any corrective action taken as a result thereof. Copies of the inspection reports will be provided to the Authority Having Jurisdiction upon request.

Each registered professional shall complete the following:

_____   _____   _____
Print Name   Sign Name   Date

Address: _____   Affix Professional Seal Here: ⬇

Email: _____   Phone: _____

If the Registered Professional is a member of a firm, complete the following:

I am a member of the firm _____,
and I sign this letter on behalf of the firm and myself.

Note: The foregoing letter must be signed by a registered professional who is registered in the Province of Manitoba as a member in good standing in the Manitoba Association of Architects or the Engineers Geoscientists Manitoba.