

DESIGN INTENT LETTER
for BCBC Part 10 Requirement Verification

- Instructions:*
1. Effective Dec 10, 2018
 2. To be completed by the Registered Professional of Record
 3. To be submitted at time of Building Permit application, accompanied with Design Verification Report (completed by the project's Coordinating Registered Professional)

To: Manager of Inspections, Community Services Department, City of North Vancouver

RE: Project Address: _____

Building Permit #: _____

The undersigned have coordinated the design of the above-mentioned project to substantially comply with the requirements of item(s) indicated below in support for the project's overall compliance with Part 10 of the 2018 BC Building Code.

<input type="checkbox"/> NECB	
<i>Part (please check)</i>	<i>Compliance Pathway Utilized (please check if applicable)</i>
<input type="checkbox"/> 3 – Building Envelope	<input type="checkbox"/> Prescriptive <input type="checkbox"/> Prescriptive + Simple Trade-off <input type="checkbox"/> Prescriptive + Detailed Trade-off
<input type="checkbox"/> 4 – Lighting	<input type="checkbox"/> Prescriptive <input type="checkbox"/> Prescriptive + Trade-off
<input type="checkbox"/> 5 – HVAC	<input type="checkbox"/> Prescriptive <input type="checkbox"/> Trade-off
<input type="checkbox"/> 6 – Service Water Heating System	<input type="checkbox"/> Prescriptive <input type="checkbox"/> Trade-off
<input type="checkbox"/> 7 – Electrical Power Systems and Motors	<input type="checkbox"/> Prescriptive

OR

<input type="checkbox"/> ASHRAE 90.1	
<i>Section (please check)</i>	<i>Compliance Pathway Utilized (please check if applicable)</i>
<input type="checkbox"/> 5 – Building Envelope	<input type="checkbox"/> Mandatory + Prescriptive <input type="checkbox"/> Mandatory + B.E. Trade-Off <input type="checkbox"/> Mandatory + ECB
<input type="checkbox"/> 6 – HVAC	<input type="checkbox"/> Simplified Approach <input type="checkbox"/> Mandatory + Prescriptive <input type="checkbox"/> Mandatory + ECB
<input type="checkbox"/> 7 – Service Water	<input type="checkbox"/> Mandatory + Prescriptive <input type="checkbox"/> Mandatory + ECB
<input type="checkbox"/> 8 – Power	<input type="checkbox"/> Mandatory
<input type="checkbox"/> 9 – Lighting	<input type="checkbox"/> Mandatory + Building Area Method <input type="checkbox"/> Mandatory + Space by Space Method <input type="checkbox"/> Mandatory + ECB
<input type="checkbox"/> 10 – Other Equipment	<input type="checkbox"/> Mandatory

Signature: _____

Name: _____ (please print) (affix professional seal)

Date Signed: _____

Phone: _____ Email: _____

Company Name & Address: _____
