

Application Information			
Address: _____	Permit #: _____		
Plan: _____	Lot/Blk: _____	Date: _____	

This form shall be filled out by the Structural Engineer responsible for assessing the impact of the new or relocated mechanical equipment on the existing structure.

Design Criteria <i>(see O.B.C. Div. B, Article 4.1.6.2)</i>	
Design Snow Load:	$S_s =$ _____ $S_r =$ _____
Importance Factor:	$I_s =$ _____
Basic Roof Snow Load Factor:	$C_b =$ _____

Mechanical Unit Data									
Unit #	Unit is shown on drawings	Unit dimensions (m)		Magnitude of add'l snow load (kPa)	Length of snow piling (m)	Weight of unit (kg)	Reinforcement of structure is required?	Description of required reinforcement	Reinf. shown on dwg #
		Max. Width	Ht. above roof (incl. curb)						
1	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	<input type="checkbox"/> Yes <input type="checkbox"/> No						<input type="checkbox"/> Yes <input type="checkbox"/> No		

If unit count exceeds 4 please provide additional sheets

Consultant Data	
Name of Structural Engineering firm	Seal
Name of Practitioner	