

DESIGN INTENT LETTER
 for BCBC Part 10 Requirement Verification

- Instructions:*
- 1. Effective November 1, 2023**
 - To be completed by the Coordinating Registered Professional or Registered Professional of Record
 - To be submitted at time of Building Permit application, accompanied with Design Verification Report (completed by the project's Coordinating Registered Professional)

To: Chief Building Official, Planning and Development, 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 (2020)	
Part (please check)	Compliance Pathway Utilized (please check if applicable)
<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 (2022)	
Section (please check)	Compliance Pathway Utilized (please check if applicable)
<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: _____