

REQUEST FOR REVIEW OF FINAL PLANS

DISTRICT NAME:	FACILITY NAME AND ADDRESS:	STATE PROJECT NUMBER:
		PHASE NUMBER:

Estimated date to begin construction* _____ Estimated date to complete construction _____

*** Please note that construction must begin within 2 years of grant commitment date to maintain grant eligibility.**

Certification of Approval dates:

	Final Plans & Prof. Costs estimate	Site Approval (if applicable)
Local Board of Education	____ / ____ / ____	____ / ____ / ____
School Building Committee	____ / ____ / ____	____ / ____ / ____

We hereby certify that these final plans and project manual as prepared for bidding and dated _____ and the professional costs estimate dated _____ for this project have been reviewed and approved for this site on the dates shown above.

For the Town or Regional Board of Education:

 Chairperson's Name (Type or print) Signature Date **

For the School Building Committee:

 Chairperson's Name (Type or print) Signature Date **

**** Signature dates cannot precede the date on the submitted plans.**

Project Architect/Engineer Firm:

 Firm Name (Type or print) Telephone

I hereby: (check one)

(INDICATE FOR BUREAU OF SCHOOL FACILITIES REVIEW)

request a review of the final plans, project manual, Ineligible and Limited Eligible Costs Worksheet and professional cost estimate cited above. (Attach copies of all these documents.)

(INDICATE FOR LOCAL OFFICIALS REVIEW)

submit certifications of local approval of plans and project manual as provided by CGS Sec. 10-292(b) and **attached professional cost estimate cited above, the Ineligible and Limited Eligible Costs Worksheet and scope letter including alternates. (Reverse side of form must be completed.)**

 Superintendent's Name (Type or print) Signature Date

NOTE: NO PHASE OF THIS SCHOOL CONSTRUCTION PROJECT AND NO PURCHASE ORDER OVER \$10,000 SHALL GO OUT TO BID UNTIL YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM THE STATE DEPARTMENT OF EDUCATION THAT IT HAS APPROVED YOUR FINAL PLANS AND PROJECT MANUAL.

State Project No. _____

**REQUEST FOR STATE ACCEPTANCE OF
LOCAL PLAN REVIEW AND APPROVAL**

Name of Contact Person	Telephone	Date
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Indicate the basis of eligibility for local plan approval (check all that apply):

<input type="checkbox"/> Oil Tank Replacement	<input type="checkbox"/> Asbestos Abatement *	<input type="checkbox"/> Energy Conservation *
<input type="checkbox"/> Roof Replacement	<input type="checkbox"/> Code Violation Correction *	<input type="checkbox"/> Not funded by Chapter 173 grant
<input type="checkbox"/> Network Wiring *	<input type="checkbox"/> Certified Indoor Air Quality Emergency	

(Note: To qualify for local approval, projects marked with an asterisk (*) must not exceed \$1,000,000.)

Certifications of Local Approval:		
Pursuant to CGS Section 10-292(b), I certify that I have local jurisdiction over the State Building Code and that the plans and project manual dated _____ for the above referenced project comply with all applicable building codes.		
_____ Local Building Official's Name (Type or print)	_____ Signature	_____ Date
Pursuant to CGS Section 10-292(b), I certify that I have local jurisdiction over the State Fire Safety Code and that the plans and project manual dated _____ for the above referenced project comply with all applicable fire codes.		
_____ Local Fire Marshal's Name (Type or print)	_____ Signature	_____ Date
Pursuant to CGS Section 10-292(b), I certify that I have local jurisdiction over the State Health Code and that the plans and project manual dated _____ for the above referenced project comply with all applicable health codes.		
_____ Local Health Official's Name (Type or print)	_____ Signature	_____ Date
Pursuant to CGS 10-292(b), I certify that I have local jurisdiction over Section 504 of the Rehabilitation Act of 1973 including the Uniform Federal Accessibility Standards (UFAS) and the 504 Regulations. I further certify that the plans and project manual dated _____ for the above referenced project comply with all applicable accessibility codes.		
_____ Local Federal 504 Official's Name (Type or print)	_____ Signature	_____ Date

NOTES: IF ANY REQUIRED CERTIFICATION CANNOT BE OBTAINED LOCALLY, PLANS AND PROJECT MANUAL MUST BE REVIEWED AND APPROVED IN THEIR ENTIRETY BY THE STATE DEPARTMENT OF EDUCATION, BUREAU OF SCHOOL FACILITIES.

A COPY OF THE APPROVED PLANS AND PROJECT MANUAL MUST BE KEPT ON FILE AT THE LOCAL BOARD OF EDUCATION UNTIL FINAL GRANT PAYMENT HAS BEEN MADE ON THIS PROJECT.