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| **To:** | **Department of Administrative Services - Office of the Commissioner** | | | | **Date:** | **Date** |  |
|  |  |  | |  | | |  |
| **Owner:** | **DAS Construction Services** | **DAS/CS Project No.:** | | **DAS/CS Project Number** | | |  |
|  |  |  | |  | | |  |
| **Address:** | **450 Columbus Blvd.**  **Suite 1501 - North Tower**  **Hartford, CT 06103** | **DAS/CS Project Name and Location:** | | **DAS/CS Project Name / Location** | | |  |
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| **(See Form 3150) Part 1 – Preconstruction Phase Prior To Bid Phase and/or Building Permit Application:**  THIS IS TO CERTIFY THAT to the best of my knowledge, information, and belief, the Project, as described above, has been designed in substantial compliance with requirements of the Connecticut State Building Code and all other applicable codes as required by Chapter 541, Connecticut General Statutes. | | | | | | | |
|  | | | | | | |  |
| **DAS Deputy Commissioner or other Delegated Individual:** |  |  |  | |  |  |  |
|  | *(Typed Name)* |  | *(Signature)* |  | | *(Date)* |  |
|  |  |  |  | |  |  |  |
| **Consultant:** |  |  |  | |  |  |  |
|  | *(Typed Name)* |  | *(Signature)* | |  | *(Date)* |  |
|  |  |  | | | | |  |
| **Registration Number:** |  |  | | | | |  |
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| **Part 2 - Completed Construction Prior To Agency Occupancy and/or Application For Certificate Of Occupancy:**  THIS IS TO CERTIFY THATto the best of my knowledge, information, and belief: 1.) the Completed Project, described above, or 2.) the Designated Portion of the Work thereof, described below, is in substantial compliance with the approved plans and specifications and the requirements of the Connecticut State Building Code and all other applicable codes as required by Chapter 541, Connecticut General Statutes. | | | | | | | | | | | | | | | | | | | | |
|  | **Description of Work or Designated Portion of the Work:** | | | | | | | | | | | | | | | | | | |  |
|  | **Brief Description of Work** | | | | | | | | | | | | | | | | | | |  |
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| **Consultant:** | | | | **Consultant Name** | | | | |  |  | | | | | |  |  | | |  |
|  | | | | *(Typed Name)* | | | | |  | *(Signature)* | | | | | |  | *(Date)* | | |  |
|  | | | |  | | | | |  | | | | | | | | | | |  |
| **Registration Number:** | | | | **Registration Number** | | | | |  | | | | | | | | | | |  |
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| **GC or CMR or DB** | | | | **Name** | | | | |  |  | | | | | |  |  | | |  |
|  | | | | *(Typed Name)* | | | | |  | *(Signature)* | | | | | |  | *(Date)* | | |  |
|  | | | |  | | | | |  |  | | | | | |  |  | | |  |
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| **Department Head:** | | | | **Name** | | | | |  |  | | | | | |  |  | | |  |
| **OR** | | | | *(Typed Name)* | | | | |  | *(Signature)* | | | | | |  | *(Date)* | | |  |
|  | | | |  | | | | |  |  | | | | | |  |  | | |  |
| **Authorized Representative:** | | | | **Name** | | | | |  |  | | | | | |  |  | | |  |
|  | | | | *(Typed Name)* | | | | |  | *(Signature)* | | | | |  | | *(Date)* | | |  |
|  | | | |  | | | | |  |  | | | | |  | |  | | |  |
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| **Copies :** | | |  | Agency | |  | GC or CMR or DB |  | Consultant | | |  | CA |  | DAS OSBI | | | |  | File | |

***END***