**** **DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS)**

 **Office of School Construction Grants & Review (OSCG&R)**

 **CODE CONFORMITY CERTIFICATION**

 **FORM SCG-3030**

Director

Office of School Construction Grants & Review

450 Columbus Blvd., Suite 1503

Hartford, Connecticut 06103

Subject: State Project Number:

 LEA:

Phase: of

Facility Name:

Local Health Department Jurisdiction:

Pursuant to Section 10-292 of the Connecticut General Statutes, the final plans for any phase of a school building project as provided in CGS Section 10-291 must be in conformance with state codes, statutes, regulations and to federal laws.

The following documents are attached (mark boxes “**x**”, as appropriate):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Attached |  | N/A |  |   |
|  |  |  |  |  |
|[ ]   |[ ]   | ICC Code Review Checklist completed by Local Official or Third-party reviewer |
|  |  |  |  |  |
|[ ]   |[ ]   | Plan Review Record (PRR) by Local Officials or Third-party reviewer |
|  |  |  |  |  |
|[ ]   |[ ]   | Design Professional's response to PRR with Local Officials acceptance |
|  |  |  |  |  |
|[ ]   |[ ]   | Approved Code Modifications |
|  |  |  |  |  |
|[ ]   |[ ]   | Second copy of Code/Egress/Site drawings for OSCG&R file |
|[ ]   |[ ]   | Final Construction documents for OSCG&R review |

We, the undersigned, have reviewed the construction documents (drawings and project manuals) for the above referenced school building project (the Project) dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_. As confirmation of our review in accordance with OSCG&R Guidelines and Plan Review checklists, we have signed and dated the cover page of the project’s drawings and manuals. As it relates to my specific jurisdiction, and to the best of my knowledge, information, and belief, the review has determined the project’s construction documents appear to be in compliance with the current Connecticut State Building Code, Fire Safety Code, State Fire Prevention Code, Connecticut Department of Public Health Regulations, Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act (ADA) of 1990, and OSHA requirements.

**Building Official:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name):

**Fire Marshal**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name):

**Section 504 Official**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name):

**Health Inspector**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name):