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| Local Education Agency | State Project No. | Phase |
| School | Architect | Date |

DAS - OFFICE OF SCHOOL CONSTRUCTION GRANTS & REVIEW (OSCG&R) PLAN REVIEW CHECKLIST

**RENOVATE AS NEW STATUS (RNV)**

**FORM SCG-3520**

* Section 10-282 (18) of the Connecticut General Statutes (C.G.S.) defines “Renovation” as *“a school building project to totally refurbish an existing building, (A) which results in the renovated facility taking on a useful life comparable to that of a new facility and which will cost less than building a new facility as determined by the department, provided the school district may submit a feasibility study and cost analysis of the project prepared by an independent licensed architect to the department prior to final plan approval, (B) which was not renovated in accordance with this subdivision during the twenty-year period ending on the date of application, and (C) of which not less than seventy-five per cent of the facility to be renovated is at least thirty years old.”*
* Submit items 01-12 with this form. Place an **X** in the District/Design Professional Submission Column when completed.
* Status column (by SCG staff): 🗸 Accepted ⭘ Open Item

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| District/Design Professional Submission Column | | | | Status |
| Submission Requirements | |  | OSCG&R Comments |
| 01. | Provide a written letter of request, signed by the Superintendent of Schools for “Renovation” designation as defined under [C.G.S. 10-282 (18)](https://www.cga.ct.gov/2015/pub/chap_173.htm#sec_10-282). |  |  |  |
| 02. | Provide a completed **FORM SCG-3501** “Cost Analysis for Proposed Renovation Projects” signed by both the Design Professional and the Superintendent of Schools. Cost and square footage values indicated on **FORM SCG-3501** must match the most recent on file with the OSCG&R. |  |  |  |
| 03. | Provide documentation that the applicant has gone through a process of evaluating the proposed project compared to a new facility, including a professional feasibility study with cost estimates. |  |  |  |
| 04. | Provide a professional cost estimate from an independent licensed architect documenting that the renovated facility will cost less than building a new facility. Include soft costs, temporary provisions, phasing costs, escalation, etc. |  |  |  |
| 05. | Provide signed and sealed statement that the entire facility will be brought into 100% compliance with all applicable codes including handicapped accessibility, upon completion. |  |  |  |
| 06. | Provide a written statement indicating the proposed types of education technology that will be incorporated throughout the renovated facility upon completion. |  |  |  |
| 07. | Provide a written statement, signed and sealed by a Connecticut licensed structural engineer that the structural integrity of the original building has not been compromised, and that upon completion, the renovated facility will have a useful life for continued occupancy comparable to that of a new facility (greater than 50 years). |  |  |  |
| 08. | Provide a detailed report on all existing building systems, including finishes, roofing, plumbing, water supply, fire protection, heating, ventilating and air conditioning (HVAC), electrical systems, energy monitoring, communications and security systems. |  |  |  |
| 09. | Provide signed and sealed professional opinions that all of the proposed systems will have a useful life of 20 years (or that comparable to a new system if less than 20 years) following project completion. |  |  |  |
| 10. | Provide signed and sealed statement from the project’s design professionals that all new and replacement windows and glazing provided on the project will be energy efficient. |  |  |  |
| 11. | Provide signed and sealed statement that all applicable sections of the High Performance Building regulations will be met. Refer to **DCS form CT DAS 0450.** |  |  |  |
| 12. | Provide a written statement signed by the Superintendent of Schools that the site of the existing facility to be renovated is central to the area served and adequate and appropriate to provide the educational programs offered. Complete and attach **FORM SCG-9009.** |  |  |  |
|  | NOTE: Any additional analysis or documentation deemed necessary by the OSCG&R to properly evaluate this request for Renovation status may be requested after this submission. |  |  |  |

For OSCG&R Use only:

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Date received: Date revised: Committee recommendation: Approval recommended: Reviewer: