



Department of Administrative Services (DAS)  
Office of School Construction Grants (SCG)

## CODE CONFORMITY CERTIFICATION

Director  
Office of School Construction Grants  
165 Capitol Avenue  
Hartford, Connecticut 06106

Subject: State Project Number: \_\_\_\_\_ Phase: \_\_\_\_\_ of \_\_\_\_\_ LEA: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Local Jurisdiction of Facility: \_\_\_\_\_

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

The following documents are attached (mark boxes "X", as appropriate):

Attached	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	ICC Code Review Checklist completed by Local Official
<input type="checkbox"/>	<input type="checkbox"/>	Plan Review Record (PRR) by Local Officials
<input type="checkbox"/>	<input type="checkbox"/>	Design Professionals response to PRR with Local Officials acceptance
<input type="checkbox"/>	<input type="checkbox"/>	Approved Code Modifications
<input type="checkbox"/>	<input type="checkbox"/>	Second copy of Code/Egress/Site drawings for SC file

We, the undersigned, have reviewed the construction documents (drawings and project manual) for the above- mentioned school building project (the Project) dated \_\_\_\_\_. As confirmation of our review in accordance with the SC Guidelines and Plan Review checklists, we have signed and dated the cover page of the Project's drawings and manual. Further, our review has determined the Project's construction documents are in compliance with the current Connecticut State Building Code; Fire Safety Code and State Fire Prevention Code; Connecticut Department Public Health Regulations; Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act (ADA) of 1990; and OSHA requirements.

**Building Official**

(Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Marshal**

(Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 504 Official**

(Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Inspector**

(Print Name): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_