

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

<b>Certification of Approval dates:</b>		
	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(s) as prepared for bidding and dated _____, and the professional cost estimate (complete in accordance with Level 3 of the American Society for Testing and Materials (ASTM) Standard #E1557, Classification of Building Elements and Related Sitework-UNIFORMAT II) for this project, dated _____, 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

We hereby request a review of the final plans, project manual, Ineligible and Limited Eligible Costs Worksheet and professional cost estimate as cited above. (Attach copies of all the above referenced documents.)		
_____	_____	_____
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. \_\_\_\_\_

Name of Contact Person	Telephone	Date
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<b>Certifications of Local Approval:</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	Signature	Date
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	Signature	Date
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	Signature	Date
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	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 ADMINISTRATIVE SERVICES, OFFICE OF SCHOOLCONSTRUCTION GRANTS.

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.