



**DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS)
Office of School Construction Grants & Review (OSCG&R)**

**REQUEST FOR REVIEW OF FINAL PLANS
FORM SCG-042**

STATUTORY REF.: C.G.S. Sections 10-282, 10-283, 10-291, 10-294, 10-292

DISTRICT NAME:	FACILITY NAME AND ADDRESS:	STATE PROJECT NUMBER:
		PHASE NUMBER:

Estimated date* to begin construction _____ Estimated date to complete construction _____

* NOTE: Construction must begin within 2 years of grant commitment date to maintain grant eligibility.

Certification of Approval dates:

	Final Plans & Prof. Cost 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**, completed in accordance with Level 3 of ASTM International Standard E1557, Standard Classification of Building Elements and Related Sitework-UNIFORMAT II for this project, dated _____, have been reviewed and approved for this project 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.

For the Project Architect/Engineering Firm:

_____	_____	_____
Firm Name (Type or print)	Signature	Telephone No.

We hereby request a review of the final Project Plans, Project Manual, Ineligible and Limited Eligible Costs Worksheet (ICW) FORM SCG-4000, and professional cost estimate as noted above. Copies of all the above referenced documents are either attached, or available.

_____	_____	_____
Superintendent's Name (Type or print)	Signature	Date

NOTE: NO PHASE OF THIS SCHOOL CONSTRUCTION PROJECT SHALL GO OUT TO BID, AND NO PURCHASE ORDER OVER \$10,000.00 SHALL BE ISSUED, UNTIL YOU HAVE RECEIVED WRITTEN NOTIFICATION FROM THE STATE DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS) INDICATING APPROVAL OF FINAL PLANS, PROJECT MANUAL, AND COST ESTIMATE.

FORM SCG-042 Request for Review of Final Plans

State Project No. _____

Project Name: _____

Name of Contact Person:	Telephone:	Date:
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Certifications of Local Approval:		
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 , and the Uniform Federal Accessibility Standards (UFAS). 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:**
- 1.) THE CERTIFICATIONS OF LOCAL APPROVAL NOTED ABOVE MUST BE OBTAINED, AND ARE REQUIRED TO BE PROVIDED, PRIOR TO RECEIVING APPROVAL-TO-BID BY THE STATE DEPARTMENT OF ADMINISTRATIVE SERVICES (DAS) FOR THIS PROJECT. IF THESE CERTIFICATIONS CANNOT BE OBTAINED LOCALLY, PLEASE CONTACT THE DAS, OFFICE OF SCHOOL CONSTRUCTION GRANTS & REVIEW (OSCG&R) FOR ASSISTANCE.
 - 2.) THE OFFICE OF SCHOOL CONSTRUCTION GRANTS & REVIEW (OSCG&R) APPROVED PROJECT PLANS, PROJECT MANUAL AND COST ESTIMATE MUST BE KEPT ON FILE AT THE LOCAL BOARD OF EDUCATION OFFICE UNTIL THE FINAL GRANT PAYMENT HAS BEEN MADE AND THE DAS AUDIT IS COMPLETE ON THIS PROJECT.
 - 3.) ORIGINAL SIGNATURES ARE REQUIRED ON THIS FORM. IF ORIGINAL SIGNATURES ARE NOT AVAILABLE AT THE PLAN REVIEW MEETING, MAIL OR OVERNIGHT DELIVER THIS COMPLETED FORM TO:
 The Office of School Construction Grants & Review
 450 Columbus Blvd., Suite 1503
 Hartford, CT 06103