❖ **NOT FOR RECORDATION PURPOSES** ❖

Facility Planning & Control

**RECOMMENDATION OF ACCEPTANCE**

|  |  |  |  |
| --- | --- | --- | --- |
| TO: | FACILITY PLANNING AND CONTROL | FROM: |  |
|  | P.O. Box 94095 |  |  |
|  | Baton Rouge, LA 70804-9095 |  |  |
|  |  |  | *Design Firm Name and Address* |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| DATE: |  |  |  |  |  |
| PROJECT NAME: |  |
| PROJECT NUMBER: |  | WBS No. |  |
| SITE CODE: |  | STATE ID: |  | CFMS/SRM #: |  |
| CONTRACTOR: |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| ORIGINAL CONTRACT AMOUNT: | $ |  |
| FINAL CONTRACT AMOUNT: | $ |  |
| FINAL BUILDING AREA (SQ. FEET): |  |

I certify that, to the best of my knowledge and belief, this project is substantially complete in accordance with the Plans and Specifications to the point where it can be used for the purpose which was intended. It is recommended that it be accepted.

|  |  |
| --- | --- |
| DATE OF ACCEPTANCE: |  |
| CONTRACT DATE OF COMPLETION: |  |
| NUMBER OF DAYS (OVERRUN) (UNDERRUN) (As of Acceptance Date) |  |
| LIQUIDATED DAMAGES PER DAY STIPULATED IN CONTRACT | $ |  |
| VALUE OF PUNCH LIST | $ |  |
| Was part of project occupied prior to Acceptance? | [ ]  No | [ ] Yes, see attached Partial Occupancy Forms |
| ADA Certificate of Compliance Required? | [ ]  No | [ ] Yes, see attached form. |  |
| La. Building Code Certificate of Compliance Required? | [ ]  No | [ ] Yes, see attached form. |  |
|  |  |  |  |
| ROOF GUAR-MANUF: |  | START DATE: |  | END DATE: |  |
| ROOFER: |  | START DATE: |  | END DATE: |  |

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESIGNER

***FOR USE OF PROJECT MANAGER:***

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROJECT MANAGER

c: User Agency

❖ **NOT FOR RECORDATION PURPOSES** ❖

**CERTIFICATE OF COMPLIANCE**

with

**Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines**

|  |  |
| --- | --- |
| TO: | STATE OF LOUISIANADIVISION OF ADMINISTRATIONFACILITY PLANNING AND CONTROL P.O. Box 94095 Baton Rouge, LA 70804-9095 |
|  |  |
| FROM: |  |
|  |  |
|  |  |
|  | *Design Firm Name and Address* |
|  |  |
| PROJECT NAME: |  |
|  |  |
| PROJECT No.: |  |
| WBS No.: |  |
|  |  |
| SITE CODE: |  | STATE ID: |  |
|  |  |  |  |
| DATE OF ACCEPTANCE: |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that, to the best of my knowledge and belief, this project has been constructed in compliance with the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines as reviewed by the fire marshal.

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

 *Designer Signature*

**State of Louisiana**

**DIVISION OF ADMINISTRATION**

**Facility Planning and Control**

**CERTIFICATE OF COMPLIANCE**

with

**Louisiana Building Code for State Owned Buildings**

|  |  |
| --- | --- |
| TO: | STATE OF LOUISIANADIVISION OF ADMINISTRATIONFACILITY PLANNING AND CONTROL P.O. Box 94095 Baton Rouge, LA 70804-9095 |
|  |  |
| FROM: |  |
|  |  |
|  |  |
|  | *Design Firm or Owner/User Name and Address* |
|  |  |
| PROJECT NAME: |  |
|  |  |
| PROJECT No.: |  |
| WBS No.: |  |
|  |  |
| SITE CODE: |  | STATE ID: |  |
|  |  |  |  |
| DATE OF ACCEPTANCE: |  |  |

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that, to the best of my knowledge and belief, this project has been constructed in compliance with the construction documents determined to be satisfactory by the State of Louisiana, Division of Administration, Office of Facility Planning and Control.

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

 (*Signature of Designer or Owner/User)*