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**Project Number:**

**DASNY Construction Phase Manager:**

**Campus/Facility:**

**DASNY Design Phase Manager:**

**Project Title:**

**Project Description:**

**Phase Description:**

**Building Name(s):**

**Building Number(s):**

**Design Professional:**

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**THE DESIGN PROFESSIONAL MUST PROVIDE THE FOLLOWING INFORMATION:**

**Occupancy Classification(s):**

**Construction Classification:**

**Life Safety Code Chapter (if applicable):**

**Variance Requested:** Yes  No

**Project Type:**

- [ ] New Building
- [ ] Repair
- [x] Alteration Level 1
- [ ] Alteration Level 2
- [ ] Alteration Level 3
- [x] Change of Occupancy
- [x] Addition
- [ ] Historic Building
- [ ] Chapter 12 Compliance Alternatives
- [ ] Demolition

**Certification Provided By:**

- [ ] Design Professional
- [ ] Dormitory Authority Design
- [ ] Other

I hereby certify that I have reviewed the drawings and specifications bearing my seal, and that to the best of my knowledge and belief, the information shown on such drawings and specification complies with the applicable requirements of the New York State Uniform Fire Prevention and Building Code.

(Note: A Regional Construction Board of Review or Department of State Administrative Variance is attached, if applicable.)

Affix Seal Here

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**Name**

**Position/Title**

**Signature**

**Date**