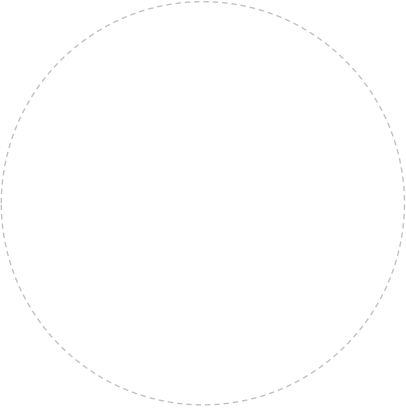




Project Number:	DASNY Construction Phase Manager:
Campus/Facility:	DASNY Design Phase Manager:
Project Title:	
Project Description:	
Phase Description:	
Building Name(s):	
Building Number(s):	
Design Professional:	
THE DESIGN PROFESSIONAL MUST PROVIDE THE FOLLOWING INFORMATION:	
Occupancy Classification(s):	
Construction Classification:	
Life Safety Code Chapter (if applicable) :	
Variance Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Type: Check all that apply. Refer to EBCNYS or Appendix J (RCNYS) for definitions.	<input type="checkbox"/> New Building <input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Chapter 12 Compliance Alternatives <input type="checkbox"/> Demolition <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building <input type="checkbox"/> Alteration Level 2
Certification Provided By: <input type="checkbox"/> Design Professional <input type="checkbox"/> Dormitory Authority Design <input type="checkbox"/> Other	
<p>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.</p> <p>(Note: A Regional Construction Board of Review or Department of State Administrative Variance is attached, if applicable.)</p>	
 Affix Seal Here	
_____ Name	_____ Position/Title
_____ Signature	_____ Date