

To:	Melody A. Currey, Commissioner CT Department of Administrative Services	Date:	
Owner:	CT Department of Administrative Services - Division of Construction Services (DCS)	DCS Project No.:	
Address:	165 Capitol Avenue, Room 491 Hartford, CT 06106	Project Name and Location:	

(See Form 3150) Part 1 – Preconstruction Phase Prior To Bid Phase And/Or Building Permit Application:
 THIS IS TO CERTIFY THAT to the best of my knowledge, information, and belief, the Project, as described above, has been designed in substantial compliance with requirements of the Connecticut State Building Code and all other applicable codes as required by Chapter 541, of. Connecticut General Statutes.

Commissioner:			
or	_____	_____	_____
	<i>(Typed Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
Authorized Representative:	_____	_____	_____
	<i>(Typed Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
Consultant:	_____	_____	_____
	<i>(Typed Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
Registration No.	_____		

Part 2 - Completed Construction Prior To Agency Occupancy And/Or Application For Certificate Of Occupancy:
 THIS IS TO CERTIFY THAT to the best of my knowledge, information, and belief: 1.) the Completed Project, described above, or 2.) the Designated Portion of the Work thereof, described below, is in substantial compliance with the approved plans and specifications and the requirements of the Connecticut State Building Code and all other applicable codes as required by Chapter 541, Connecticut General Statutes.

Description of Work or Designated Portion of the Work:

Consultant:	_____	_____	_____
	<i>(Typed Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
Registration Number:	_____		
General Contractor or CMR or D-B:	_____	_____	_____
	<i>(Typed Name)</i>	<i>(Signature)</i>	<i>(Date)</i>

Commissioner:			
OR	_____	_____	_____
	<i>(Typed Name)</i>	<i>(Signature)</i>	<i>(Date)</i>
Authorized Representative:	_____	_____	_____
	<i>(Typed Name)</i>	<i>(Signature)</i>	<i>(Date)</i>

Copies : Agency GC or CMR or DB Consultant CA DCS OSBI File