

CERTIFICATION IN LIEU OF AGENCY APPROVALS, PERMITS & SERVICE AVAILABILITY LETTERS

District/CTC: Warren County SD	Project Name: Warren Area HS Renovations	Project #: 3811
-----------------------------------	---	--------------------

The following certification is submitted in lieu of documentation of agency approvals, permits and service availability letters except for those from the local and county planning commissions, copies of which must still be submitted. The architect of record completing this certification must be a registered architect in Pennsylvania. The district must maintain the applicable records for audit purposes.

Certificate of Architect of Record:

I certify that I have apprised the board to the best of my knowledge and belief as to applicable reviews and approvals that must be obtained from federal, state and local government agencies, prior to entering into construction contracts.



 Signature of PA Registered Architect

E Joseph Mracna Registered Architect in Pennsylvania

PA Registered Architect's Name, Printed or Typed

Buchart Horn, Inc., 2200 Liberty Avenue, Pittsburgh, Pennsylvania 15222

Architectural Firm's Name and Address

19 May. 2015

Date

Board Resolution:

To the best of its knowledge and belief, the board of school directors certifies to the following:

1. The board will not enter into construction contracts until it has received written approval for PlanCon Part F, Construction Documents, from the Department of Education.
2. The board of school directors has obtained, or will obtain, all necessary approvals from local, regional, and state agencies relating to health, safety, design, planning highway access, and freedom from flooding and subsidence, prior to entering into construction contracts.
3. The board acknowledges that failure to obtain the requisite approvals prior to entering into construction contracts may be sufficient cause for the Department of Education to revoke its approval for this project. If approval is revoked, the project will not be reimbursed by the Commonwealth.

Board Action Date: _____

Voting: AYE _____ NAY _____ ABSTENTIONS _____ ABSENT _____

 Signature, Board Secretary

 Board Secretary's Name, Printed

 Date