Buildings, HVAC, Compliance Statement

This form is required to be submitted by the supervising professional (architect, engineer, HVAC designer or electrical designer) observing construction of projects within buildings with total areas 50,000 cubic feet or greater(Comm 61.50). Failure to submit this form may result in penalties as specified in Comm 61.23 and/or local ordinances.

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

General Instructions: Prior to the initial occupancy of new buildings or additions and the final occupancy of altered existing buildings, submit this completed and signed form to:

Building Division, Department of Public Works 18 N. Jackson St. – P.O. Box 5005 Janesville, WI. 53547

PROJECT INFORMATION: For Building Permit No Tenant Name Building Location (number & s.)		
City of Janesville		
2. PURPOSE OF THIS STATEM any other applicable boxes and infor ☐ Partial Completion		
		eted
	elief, and based on onsite observa o this project have been completed	tion, construction of the following building d in substantial compliance with the
(trusses, precast, metal building, etc.) 2. Fire protection systems (sprinklers alarms, smoke detectors) designed, installed, and tested (including forward flow on back flow devices) by and ap appropriately registered professionals 3. Shaft and stairway enclosure 4. Exits including exit and directional lights 5. Fire-resistive construction, enclosure of hazards, fire walls, labeled doors, 2. All conditions the fire protection of the provided in the protection of the provided in the protection of the provided in the provided in the protection of the provided in the provided in the protection of the provided in		 10. Exterior lighting & control requirements 11. Interior lighting & control requirements 12. All conditions of lighting plan approval and applicable variances HVAC ITEMS 1. HVAC system including final test 2. All conditions of HVAC plan approval and applicable variances
B) Statement of Noncompliane Due to the following listed violations, this		:
C) ☐ Supervising Professional V of this date.) D) ☐ Project Abandoned	Vithdrawn From Project (Use A	A or B above to indicate project status as
3. SUPERVISING PROFESSION ☐ Building ☐ HVAC ☐ Lighting	IAL SIGNATURE FOR: Date	
	Name (please print or type)	
Phone number	Signature	