

Architect Certification
Project to comply with the minimum building adequacy guidelines

Name of Applicant District (Owner): _____

SFOB Project No.: _____

Project Title: _____

The district’s architect acknowledges that they have been hired by the district to provide design services for this project. The district and architect also acknowledge that they have each received a copy of the SFOB rules & policies document adopted by the School Facilities Oversight Board, and certify that all aspects of the above referenced project will comply with the minimum adequacy guidelines.

Complete submittal package required four (4) weeks prior to the SFOB Board meeting.

Staff may require additional review time.

	District	Architect
Name		
Title	Superintendent	Architect of Record
Address		
Phone		
Fax		
Email		
Signature		
Date		