

PBCI - Engineering

2746 West College Avenue
State College, PA 16801

a division of Peno Building Company, Inc.
Frank A. Peno, PE PA # PE-035535-E

Tel: 814-234-7366
Fax: 814-234-7040

May 21, 2013

Mr. Ned Liggett, Plan Examiner
Centre Region Code Administration
2643 Gateway Drive, Suite 2
State College, PA 16801

Re: St. Joseph's Catholic Academy
Science Lab Renovations
901 Boalsburg Pike
Boalsburg, PA 16823
"Code Review Responses – Review #13-64-13"

Dear Mr. Liggett:

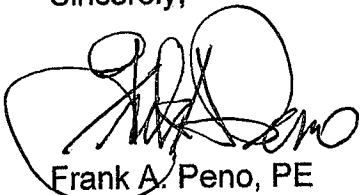
We have reviewed your review comments for the above referenced project and offer the following responses:

- #1. See Construction Cost Breakdown attached.
- #2. Construction type corrected on Drawing CS-1.
- #3. Zoning approval not required. See attached email from Todd Shea.
- #4. See Special Inspection paperwork attached.
- #5. See Minimum Plumbing Fixture Calculation on Drawing CS-1.
- #6. Corridor wall where electrical panels are located are 14" CMU construction. Remaining 8" CMU depth behind electrical panels maintains the 1 hour fire rating.
- #7. Fire damper added to 15" exhaust duct on Drawing H-1.
- #8. See attached list of chemicals which will be stored in base of Lab Hood in Prep Room 15A.
- #9. Note added to Gas Piping Specifications on Drawing P-2.
- #10. There is no exterior ductwork on this project.
- #11. See revised notes at corridor on Drawing G-1. Existing corridor wall is 8" CMU and extends to roof deck. Soffit is constructed on room side of corridor wall.
- #12. Structural steel specifications added to New Drawing G-2.
- #13. Design loads added to Drawing G-1.
- #14. Firestopping notes added to all drawings.
- #15. Corridor wall fire rating note added to Drawing G-1.

Page Two
Letter to Mr. Ned Liggett
St. Joseph's Catholic Academy
Science Lab Renovations
"Code Review Responses – Review #13-64-13"

Please contact me should you have any additional comments or questions concerning the above responses.

Sincerely,



Frank A. Peno, PE
President

Attachments - Two (2) Sets of Revised Drawings
Construction Cost Breakdown
Copy of email from Todd Shea
Special Inspection Paperwork – Signed
Stored Chemical List

xc: Mr. Christian Klepeiss – St. Joseph's (via email)
Mr. Billy Sallurday - Jack Frost Construction (via email)
File E33004

Budget Construction Cost Estimate

St. Joseph's Academy - Science Lab Renovations

Renovation of Rms 14, 15 & 16 and New Gas Service

GENERAL CONSTRUCTION

| | | |
|-----------------------|--------|----------|
| Demolition | 1,000 | |
| Asbestos Removal | 4,000 | |
| Gas Service | 950 | |
| New Floor | 4,000 | |
| Wall & Floor Patching | 3,000 | |
| Lab Equipment | 45,000 | |
| Painting | 1,000 | |
| ADA Signage | 2,000 | |
| Roofing | 2,000 | |
| General Sub-Total = | | \$62,950 |

HVAC

| | | |
|------------------------------------|-------|----------|
| Ductwork | 2,000 | |
| Exhaust Fan | 6,000 | |
| Make-up Air Unit | 8,000 | |
| Grilles & Diffusers | 500 | |
| Insulation | 3,000 | |
| Temperature Controls (Stand-Alone) | 500 | |
| Testing & Balancing | 800 | |
| HVAC Sub-Total = | | \$20,800 |

ELECTRICAL

| | | |
|------------------------|-------|---------|
| Demolition | 500 | |
| Panelboards | 3,000 | |
| Devices | 1,200 | |
| Branch Circuits | 1,000 | |
| Feeders | 2,000 | |
| Electrical Sub-Total = | | \$7,700 |

PLUMBING

| | | |
|-----------------------|-------|----------|
| Demolition | 1,500 | |
| Water piping | 2,000 | |
| San & Vent Piping | 2,000 | |
| Insulation | 1,500 | |
| Gas Piping | 6,000 | |
| Sprinkler Sub-Total = | | \$13,000 |

Total Construction Cost =

104,450

ADA Budget (20%)

20,890

ADA Upgrades

| | |
|----------------------|-----------------|
| ADA Lab Hood | \$8,200 |
| ADA Sinks & Counters | 5,500 |
| ADA Lab Tables | 2,200 |
| Emergency Shower | 3,000 |
| ADA Signage | 2,300 |
| | <u>\$21,200</u> |

Subject: RE: permit application - Harris Township
From: "Klepeiss, Christian M." <CKlepeiss@stjoeacad.org>
Date: 3/1/2013 9:44 AM
To: Todd Shea <tkshea@comcast.net>
CC: "fapeno@pbci-engineering.com" <fapeno@pbci-engineering.com>, "Mato, Shelly G." <smato@stjoeacad.org>

Todd,

Your assumption is correct. We are not altering the footprint of the building in any manner, only internal modifications.

I am copying Frank Penno from PBCI Engineering on my reply.

Regards,

Christian Klepeiss

From: Todd Shea [tkshea@comcast.net]
Sent: Friday, March 01, 2013 9:40 AM
To: Klepeiss, Christian M.
Subject: permit application - Harris Township

Good Morning:

Earlier this week, someone from PBCI-Engineering dropped off a zoning permit application and set of drawing to the Harris Township Office. The project appears to be renovations to the interior of the building with no alterations to the footprints of any existing structures. If that is the case, no zoning permit will be required through Harris Township. Your contractor may proceed with obtaining his building permit through Centre Region Code Administration without any further comment from Harris Township.

Please let me know if my assumption is in error. If it is not, someone may come and pick up the paperwork submitted earlier this week. If you should have any questions, please let me know.

Thanks,

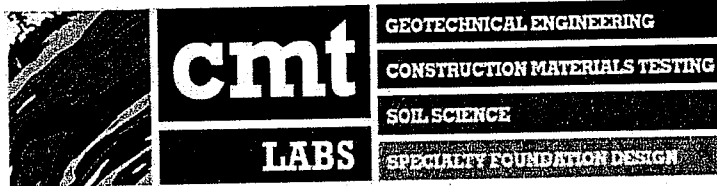
Todd

Todd K. Shea

*Harris Township Zoning/Ordinance Enforcement Officer
224 East Main Street, Post Office Box 20
Boalsburg, Pennsylvania 16827
814-466-6228*

This e-mail message has been scanned for content by CA Gateway Security.

This email transmission has been processed by the Diocesan Content Management System



The groundwork for success.

May 6, 2013
Proposal No. 1314500

Mr. Christian Klepeiss
St. Joseph's Catholic Academy
901 Boalsburg Pike
Boalsburg, PA 16827

Email: CKlepeiss@stjoeacad.org

Re: Special Inspection Services
St. Joseph's Academy -- Science Lab
Boalsburg, PA

Dear Mr. Klepeiss:

We are pleased to submit a proposal for testing services. Our scope of services will include providing special inspections that will be limited structural steel testing and inspection. These services will be provided on an as-requested basis by the Client. Our services will be completed on a time-and-materials basis, according to the enclosed Condensed Fee Schedule.

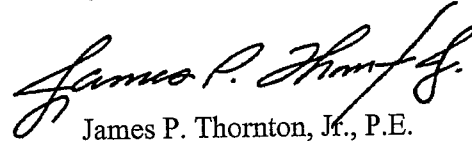
Please sign and return the attached Proposal Acceptance and Work Authorization Agreement. Also, we have attached our General Terms and Conditions Sheet with this proposal.

If you have any questions or concerns, please feel free to contact me by phone or email (jpthornton@cmtlabsinc.com).

If you have any questions or require any additional information, please do not hesitate to contact us.

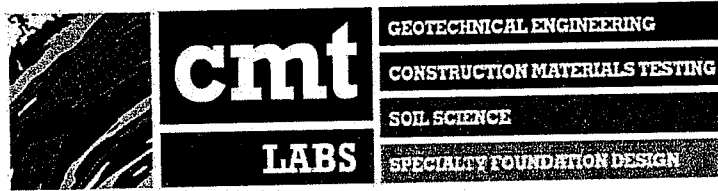
Respectfully submitted,

CMT LABORATORIES, INC.



James P. Thornton, Jr., P.E.

Enclosures



The groundwork for success.

CONDENSED FEE SCHEDULE (1314500)

| | <u>Unit Price</u> |
|--|--|
| Structural Technician to perform structural steel and weld inspections* (portal to portal) | \$75.00 per hour plus mat'ls and equipment |
| Professional Engineer Support & Review (portal to portal) | \$120.00 per hour |

The above fees are generally inclusive. There are no additional charges for mileage, administrative services or project management.

*Fall protection will be required by others in accordance with applicable OSHA and/or MSHA standards.

Services other than those listed can be provided on an as needed basis. An amendment to our current scope of services with a revised fee schedule will have to be signed prior commencement of additional services.

Acceptance of the prices quoted for professional services includes the insurance limits as evidenced on the attached general and professional liability certificates. Should you require coverage at higher limits than shown on the certificate and/or waivers of subrogation, additional costs will be necessary and the quotation is not valid.

PROPOSAL ACCEPTANCE AND WORK AUTHORIZATION AGREEMENT

THIS AGREEMENT is entered into as of the 6th day of May, 2013, by and between CMT Laboratories, Inc., 2701 Carolean Industrial Drive, State College, Pennsylvania 16801 ("CMT") and St. Joseph's Catholic Academy, 901 Boalsburg Pike, Boalsburg, PA 16827 (the Client"). The parties agree as follows:

SERVICES: CMT agrees to provide to Client and Client authorizes CMT to provide the services described in Proposal No. 1314500 dated May 6, 2013, which is incorporated by reference, for the project described in the Proposal (the "Project"). The services are provided for the sole benefit of Client. There are no third party beneficiaries of this Agreement.

PAYMENT: Client agrees to pay for all services and expenses incurred by CMT in accordance with the Proposal and the terms of this Agreement. Invoices will be rendered to Client on a monthly basis and upon completion of CMT's services. Invoices are due and payable upon receipt. Any questions regarding the invoiced terms or amounts shall be addressed to CMT within fifteen (15) days of the date of the invoice. Otherwise, the invoice shall be considered correct, payable, and not disputed by Client. If the invoice is not paid in full within thirty (30) days after the date of the invoice, Client further agrees to pay interest of 1 ½ % per month (compounded) from the date of the invoice on the unpaid balance until the invoice is paid in full. Client agrees that such interest is a separate debt from the invoiced amount. If CMT retains a collection agency, attorney or other person or entity to collect invoices and/or interest, Client agrees to pay the fees imposed by such collection agency, attorney or other person or entity, as well as all other costs of collection.

CLIENT RESPONSIBILITIES: Client shall provide the following and shall bear the costs therefore:

1. Name a person to act as Client's representative with respect to the services to be provided under this Agreement. Such person shall have complete authority to transmit instructions, receive information, and interpret and define Client's decisions with respect to CMT's services.
2. Assist CMT by furnishing to CMT all available information pertinent to the Project; all of which CMT may rely upon in performing its services.
3. Arrange for access to and make provisions for CMT to enter upon property as CMT desires in the performance of its services.

GENERAL TERMS AND CONDITIONS: This Agreement is subject to the attached General Terms and Conditions

**CLIENT ACCEPTANCE AND
AUTHORIZATION TO PROCEED**

CMT LABORATORIES, INC.

The Terms and Conditions of this Agreement are accepted by Client and CMT is authorized to proceed with the work as described.

Christian Klepeiss
(Signature of Authorized Representative)

Christian Klepeiss
(Printed Name)

Owner Representative
(Title)

5/9/2013
(Date)

Shad E. Hoover
(Signature of Authorized Representative)

Shad E. Hoover
(Printed Name)

Principal
(Title)

May 6, 2013
(Date)

GENERAL TERMS AND CONDITIONS – PROPOSAL NO. 1314500, May 6, 2013

SCOPE OF WORK: CMT Laboratories, Inc. (CMT) will perform the services described in this Agreement and invoice Client in accordance with the fee schedule included in this Agreement. CMT will provide additional services under this Agreement only if requested by Client and expressly agreed to by CMT. CMT will invoice Client for additional services in accordance with the fee schedule in this Agreement or at rates negotiated at the time the additional services are requested. Client agrees to pay each invoice in full within thirty (30) calendar days after the date of the invoice. Services not expressly set forth in this Agreement or expressly agreed to by CMT are excluded from CMT's scope of work and CMT assumes no duty to Client to perform such services or to provide opinions related to such services.

STANDARD OF CARE: CMT will endeavor to perform services under this Agreement in a manner consistent with that degree of care and skill ordinarily exercised by members of the same profession currently practicing under similar circumstances at the same time and in the same locality. Upon notice to CMT and by mutual agreement between the parties, CMT will, without additional compensation, correct those services not meeting such a standard. The said correction shall be CMT's sole responsibility to Client. **CMT MAKES NO GUARANTEES OR WARRANTIES, EITHER EXPRESS OR IMPLIED.**

DELAYS: Client agrees that CMT shall not be responsible for any damages arising directly or indirectly from any delays for causes beyond CMT's control. For purposes of this Agreement, such causes include, but are not limited to, strikes or other labor disputes, weather disruptions; natural disasters, fires, riots, war, emergencies, acts of God, failure of any government agency to act in timely manner, failure of performance or delays caused by Client or Client's contractors or consultants, or discovery of any hazardous substances or differing site conditions.

SAFETY: CMT shall not be responsible for any condition of the Project site or site safety. Neither the professional activities of CMT, nor the presence of CMT or its employees and consultants at the Project site, shall relieve Client or any of its contractors of their obligations for maintaining a safe job site, or be construed to imply that CMT has any responsibility for safety.

INDEMNIFICATION: Client shall indemnify and hold harmless CMT, its officers, directors, employees, consultants and anyone for whose acts CMT may be held liable, from and against any and all claims, suits, demands, liabilities, losses, damages and costs, including attorneys' fees and defense costs, arising or allegedly arising out of or in any way related to this Agreement or the Project, but not to the extent that any claims, suits, demands, liabilities, losses, damages and costs result directly from the negligence of CMT.

OWNERSHIP OF INSTRUMENTS OF SERVICE/RELIANCE: Reports, data, surveys, plans, and other project information are expected to be provided to CMT by Client and/or Client's consultants. CMT may use such information in performing its services and is entitled to rely upon the accuracy and completeness thereof. The Client acknowledges that CMT's documents, including geotechnical reports, test boring logs, test pit logs, electronic files, and other documents produced by CMT, are CMT's instruments of professional service for use on this Project. The final documents prepared by CMT pursuant to this Agreement will become the property of Client only upon completion of the services and payment in full of all CMT invoices and all monies owed to CMT. Client shall not use, reuse or make any modification to the documents prepared by CMT without CMT's prior written authorization. Client agrees, to the fullest extent permitted by law, to indemnify and hold harmless CMT, its officers, directors, employees, consultants and anyone for whose acts CMT may be held liable, from and against any and all claims, suits, demands, liabilities, losses, damages and costs, including attorneys' fees and defense costs, arising or allegedly arising out of or in any way connected with the unauthorized use, reuse or modification of the documents by Client or any person or entity.

HAZARDOUS MATERIALS: As used in this Agreement, the term hazardous materials shall mean any substances, including but not limited to asbestos, toxic or hazardous waste, PCBs, combustible gases and materials, petroleum or radioactive materials, or any other substances under any conditions and in such quantities as would pose a substantial danger to persons or property exposed to such substances. Client agrees, notwithstanding any other provision of this Agreement, to the fullest extent permitted by law, to indemnify and hold harmless CMT, its officers, directors, employees, consultants and anyone for whose acts CMT may be held liable, from and against any and all claims, suits, demands, liabilities, losses, damages and costs, including attorneys' fees and defense costs, arising or allegedly arising out of or in any way connected with the detection, presence, handling, removal, abatement, or disposal of any hazardous materials.

MEDIATION: Unless the parties agree otherwise, all Client claims, suits, demands, liabilities, losses, damages and costs arising or allegedly arising out of or in any way related to this Agreement or the Project shall be submitted to mediation under the Construction Industry Mediation Procedures of the American Arbitration Association before Client commences litigation.

ASSIGNMENT/THIRD PARTY BENEFICIARY: All duties and responsibilities undertaken pursuant to this Agreement shall be for the sole and exclusive benefit of Client and CMT, and not for the benefit of any other party. There shall be no third party beneficiaries of this Agreement. Neither party to this Agreement shall transfer, sublet or assign any rights under or interest in this Agreement without the prior written consent of the other party, except that CMT may, at its discretion, utilize consultants in the performance of the work.

CONSEQUENTIAL DAMAGES: Notwithstanding any other provision of this Agreement, and to the fullest extent permitted by law, CMT and Client shall not be liable to the other and neither shall make any claim for any incidental, indirect or consequential damages arising out of or connected in any way to this Agreement or the Project. These mutual waivers of consequential damages shall include, but are not limited to, loss of use, loss of profit, loss of business, loss of income, loss of reputation or any other consequential damages.

LIMITATION OF LIABILITY: Client agrees, to the fullest extent permitted by law, that CMT's total liability to Client for any and all claims, suits, demands, liabilities, losses, damages and costs whatsoever, arising out of or in any way related to this Agreement or the Project, shall not exceed the amount of CMT's fees or \$10,000, whichever is more. A higher limit may be negotiated and agreed upon in writing.

TERMINATION: Either party may terminate this Agreement for cause upon giving the other party not less than seven (7) calendar days' written notice. Client may terminate this Agreement for Client's convenience and without cause upon giving CMT not less than seven (7) calendar days' written notice. In the event of termination of this Agreement by either party, Client shall within thirty (30) calendar days of termination pay CMT for all services rendered and all reimbursable costs incurred by CMT up to the date of termination, in accordance with the payment provisions of this Agreement.

STATUTES OF REPOSE AND LIMITATION: All causes of action between the parties to this Agreement shall accrue and any applicable statutes of repose and limitation shall begin to run not later than the date CMT's services are completed or terminated.

FAILURE TO FOLLOW RECOMMENDATIONS: Client agrees, notwithstanding any other provision of this Agreement, to the fullest extent permitted by law, to indemnify and hold harmless CMT, its officers, directors, employees, consultants and anyone for whom CMT may be held liable from and against any and all claims, suits, demands, liabilities, losses, damages and costs, including attorneys' fees and defense costs, arising out of or in any way resulting from the failure to implement CMT's recommendations.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/22/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|---|---|--------------|
| PRODUCER Doty & Hensch 100 Radnor Road State College PA 16801 | CONTACT NAME: Allyce Boardman | FAX (A/C, No): (814) 238-5404 | |
| | PHONE (A/C, No, Ext): (814) 238-6725 | E-MAIL ADDRESS: aboardman@dotyhensch.com | |
| INSURED CMT Laboratories, Inc. 2701 Carolean Industrial Dr. State College PA 16801-0000 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: Penn National Mutual Casualty | | 14990 |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES

CERTIFICATE NUMBER: 2013-2014

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|---|---------------|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY | | CL9 0028176 | 3/27/2013 | 3/27/2014 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | |
| A | AUTOMOBILE LIABILITY | | AU9 0028176 | 3/27/2013 | 3/27/2014 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | <input type="checkbox"/> SCHEDULED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | PIP-Work loss benefits \$ 5,000 |
| A | UMBRELLA LIAB | <input checked="" type="checkbox"/> OCCUR | UL9 0028176 | 3/27/2013 | 3/27/2014 | EACH OCCURRENCE \$ 5,000,000 |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ 5,000,000 |
| | DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000 | | | | | |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y/N | WC9 0028176 | 3/27/2013 | 3/27/2014 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input checked="" type="checkbox"/> N | | | | E.L. EACH ACCIDENT \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

| | |
|--|--|
| CMT Laboratories, Inc. 2701 Carolean Industrial Drive State College, PA 16801 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE Allyce Boardman/ACB |

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ACORD 25 (2010/05)

INS025 (2010/05) 01

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CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 2/15/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
 Commercial Lines - (412) 765-3510
 Wells Fargo Insurance Services USA, Inc.
 Four Gateway Center, 444 Liberty Avenue, Suite 1500
 Pittsburgh, PA 15222-1233

CONTACT
 NAME:
 PHONE
 (A/C, No, Ext):
 E-MAIL
 ADDRESS:

FAX
 (A/C, No):

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: XL Specialty Insurance Company

37885

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
 CMT Laboratories, Inc.
 2701 Carolean Industrial Drive
 State College, PA 16801

COVERAGES

CERTIFICATE NUMBER: 5601532

REVISION NUMBER: See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ |
| | COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | | MED EXP (Any one person) \$ |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | | | | | | | GENERAL AGGREGATE \$ |
| | | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | \$ |
| | POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> | | | | | | |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> | | | | | | BODILY INJURY (Per accident) \$ |
| | HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> | | | | | | AGGREGATE \$ |
| | | | | | | | \$ |
| | DED <input type="checkbox"/> RETENTIONS <input type="checkbox"/> | | | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> | | | | | | E.L. EACH ACCIDENT \$ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> | N/A | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT \$ |
| A | Professional Liability | | | DPR9706430 | 2/10/2013 | 2/10/2014 | \$2,000,000 Each Claim \$2,000,000 Aggregate |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Evidence of Coverage

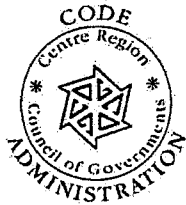
CERTIFICATE HOLDER

For Illustration Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



CENTRE REGION CODE ADMINISTRATION
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PART 1

STATEMENT OF SPECIAL INSPECTIONS AGREEMENT

To permit applicants of projects requiring special inspection and/or testing per Section 1704 of the *International Building Code (IBC)*:
901 Boalsburg Pike

Project Address: Boalsburg PA 16827 Permit No.: _____

BEFORE A PERMIT CAN BE ISSUED, two (2) copies of this agreement, two (2) copies of the **Statement of Special Inspection (Part 1 and 2)** and the **Schedule of Special Inspection (Part 3)** with the required acknowledgments shall be completed by the owner, or registered design professional in responsible charge acting as the owner's agent. A preconstruction conference with the parties involved may be required to review the special inspection requirements and procedures.

APPROVAL OF SPECIAL INSPECTORS: Special inspectors may have no financial interest in projects for which they provide special inspection. Special inspectors shall be approved by Centre Region Code Administration prior to performing any duties. Special inspectors shall submit their qualifications and are subject to personal interviews for prequalification. Special inspectors shall display approved identification, as stipulated by the building official, when performing the function of special inspector.

Special inspection and testing shall meet the minimum requirements of Section 1704 through 1707 of the *International Building Code*. The following conditions are also applicable:

A. Duties and Responsibilities of the Special Inspector

- 1. General Requirements.** Special inspectors shall review approved plans and specifications for special inspection requirements. Special inspectors will comply with the special inspection requirements of the enforcing jurisdiction found in the Statement of Special Inspections including work and materials.
- 2. Signify presence at job-site.** Special inspectors shall notify contractor personnel of their presence and responsibilities at the job-site. If required by the building official, they shall sign in on the appropriate form (Form A4) posted with the building permit.
- 3. Observe assigned work.** Special inspectors shall inspect all work according to the Statement of Special Inspections for which they are responsible for conformance with the building department approved (stamped) plans and specifications and applicable provisions of *IBC Section 1704*.

4. **Report nonconforming items (discrepancies) (Form A3).** Special inspectors shall bring all nonconforming items to the immediate attention of the contractor. If any such item is not resolved in a timely manner or is about to be incorporated into the work, the engineer or architect of record and the building official shall be notified immediately and the item noted in the special inspector's written report (*Section 1704.1.2*). The building official may require this report to be posted in a conspicuous place on the job-site. The special inspector shall include in the report, as a minimum, the following information about each nonconforming item:
- Description and exact location.
 - Reference to applicable detail of approved plans/specifications.
 - Name and title of each individual notified and method of notification.
 - Resolution or corrective action taken.
5. **Provide timely progress reports (Forms A1, A2).** The special inspector shall complete written inspection reports for each inspection visit and provide the reports on a timely basis as determined by the building official. The special inspector or inspection agency shall furnish these reports directly to the building official and to the design professional in charge (*Section 1704.1.2*). These reports should be organized on a daily format and may be submitted weekly or another required interval, at the option of the building official. In these reports, special inspectors shall:
- Describe inspections and tests made with applicable locations.
 - Indicate nonconforming items (discrepancies) and how they were resolved.
 - List unresolved items, parties notified, and time and method of notification.
 - Itemize changes authorized by engineer or architect of record if not included in nonconforming items.
6. **Submit final report (Form A5).** Special inspectors or inspection agencies shall submit a final signed report to the building department stating that all items requiring special inspection and testing by the Statement of Special Inspection were fulfilled and reported and, to the best of their knowledge in conformance with the approved plans and specifications (*Section 1704.1.2*). The design professional in responsible charge shall sign the report before it is submitted to the building official. Items not in conformance, unresolved items or any discrepancies in inspection coverage (i.e., missed inspections, periodic inspection when continuous was required, etc.) shall be specifically itemized in this report.

- B. **Owner Responsibilities.** The project owner, the engineer or architect of record, or an agent of the owner is responsible for funding special inspection services. Measures should be taken to ensure that the scope of work and duties of the special inspector as outlined in the Statement of Special Inspection are not compromised.

C. **Registered Design Professional in Responsible Charge**

The design professional in responsible charge should be consenting party by written acknowledgment of special inspection and testing agreements. The design professional in responsible charge has many duties and responsibilities related to special inspection, including the following: The Statement of Special Inspections (**Parts 1 and 2**) has been submitted with the permit application. The content of the statement contains the following information:

1. Materials, systems, components and work required to have special inspection. Duties of the special inspector(s) and the registered design professional responsible for each part of the work are to be stated.
2. Type and extent of each special inspection and the name of individual or firms performing the inspections.
3. Type and extent of each test.
4. Special inspection of required seismic resistance systems and components.
5. Special inspection of required wind resistance systems and components.
6. Provide name and contact information of special inspector or special inspection agency. Subject to the approval of the building official, special inspectors holding current certification by ICC in the discipline in which they will be inspecting can be considered qualified within the appropriate scope of accreditation for the disciplines to be inspected. The choice of special inspectors or special inspection agencies should include the following considerations:
 - Project size and complexity – experience with similar projects.
 - Inspection staffing – sufficient qualified inspectors.
 - Site location – proximity of inspection and testing facilities.
 - Off-site inspection – capabilities for inspection at remote locations.
7. Completion of a schedule of special inspection (**Part 3**).
8. Respond to field discrepancies. The engineer or architect of record shall respond to special inspector reports of uncorrected non-complying (discrepancies) items and shall approve remedial measures.

9. Review shop drawings and submit revisions to approved plans. The design professional in responsible charge shall acknowledge and approve shop drawings that may detail structural information. The design professional shall submit to the building official and the special inspector/inspection agency written approval of any verbally approved deviations from the approved plans and shall submit revised plans for building official approval (UCC 403.42a).

D. Contractor Responsibilities

By signing this statement on Page 6 the contractor affirms and agrees:

1. Acknowledgement of awareness of the special requirements contained in the statement of special inspections;
2. Acknowledgement that control will be exercised to obtain conformance with the construction documents approved by the building official;
3. Procedures for exercising control within the contractor's organization, the method and frequency of reporting and the distribution of the reports; and
4. Identification and qualifications of the person(s) exercising such control and their position(s) in the organization.

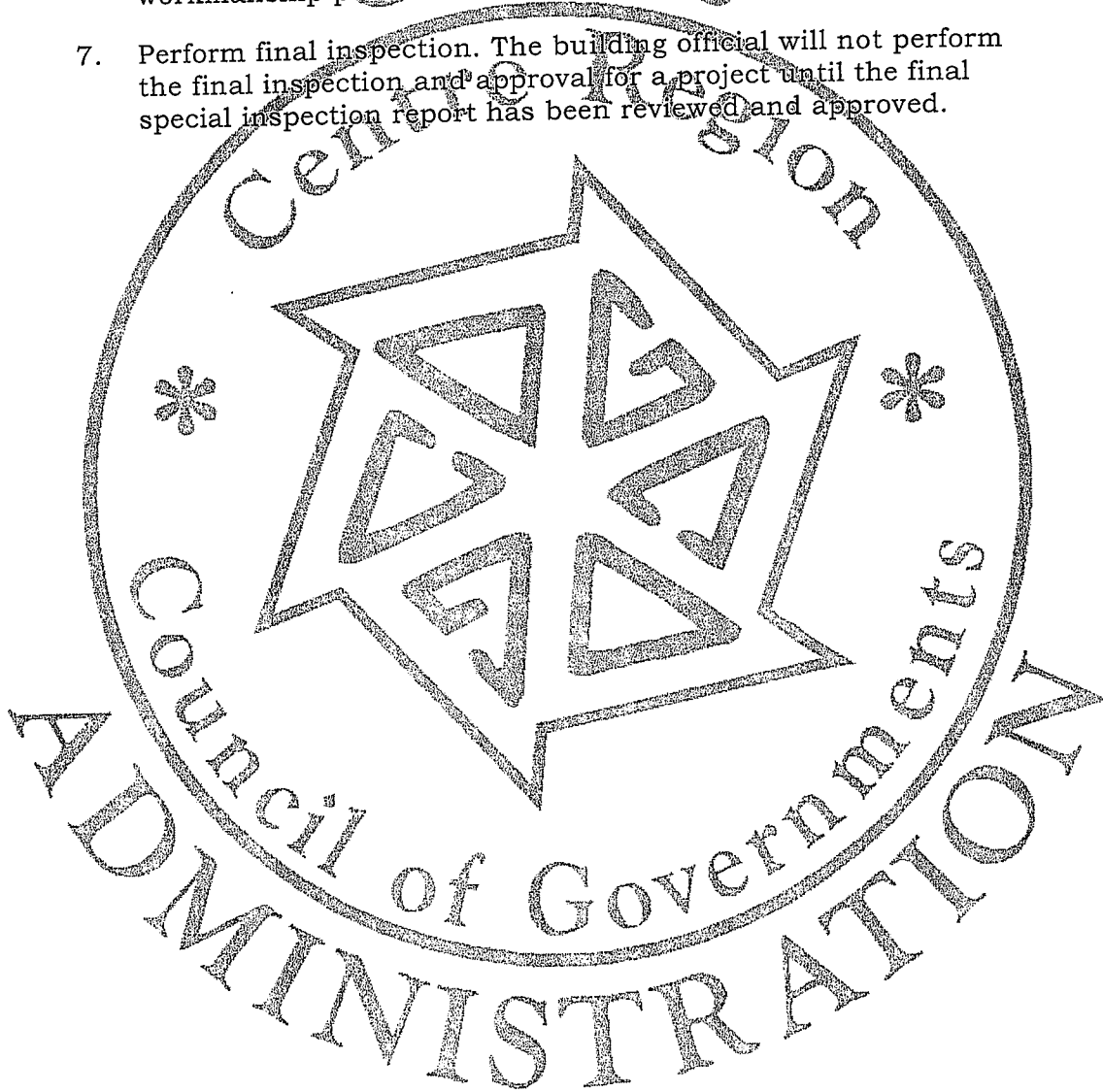
Suggested job-site protocol for special inspection:

1. Notify the special inspector. Adequate notice shall be provided so that the special inspector has time to become familiar with the project.
2. Provide access to approved plans. The contractor is responsible for providing the special inspector with access to approved plans.
3. Retain special inspection records. When required by the building official, the contractor is responsible for retaining at the job-site all special inspection records submitted by the special inspector and providing these records for review by the building department's inspector upon request.

E. Building Department Responsibilities

1. Review submittal documents for compliance with special inspection requirements as outlined in the Statement of Inspection. The building official is charged with the legal authority to review the plans, specifications, special inspection program and other submittal documents for compliance with code requirements.
2. Approve special inspection programs. The building official is responsible for approving the special inspection program submitted by the design professional in responsible charge (UCC 403.43) and may require a preconstruction conference to review the program with all applicable members of the construction team.
3. Monitor special inspection activities. The building official should monitor the special inspection activities at the job-site to assure that qualified special inspectors are performing their duties when work requiring special inspection is in progress.

4. Issuance of stop work orders. The building official is recognized as having the authority to stop work at the job-site.
5. Approval to proceed. There are certain points of completion where work shall not proceed until approval by the building official has been given.
6. Review inspection reports. The building official receives and reviews special inspection progress reports and final reports for conformance with the approved plans, specifications and workmanship provisions of the code.
7. Perform final inspection. The building official will not perform the final inspection and approval for a project until the final special inspection report has been reviewed and approved.



ACKNOWLEDGEMENTS

Each appropriate representative shall sign below:

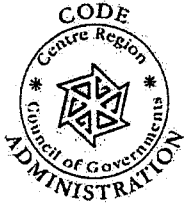
| | | |
|---|--------------------------------------|-------------------------|
| Owner: <u>Clint Lewis</u> | Firm: <u>St. Joseph's Academy</u> | Date: <u>5/9/2013</u> |
| Contractor: _____ | Firm: <u>JACK FROST CONSTRUCTION</u> | Date: _____ |
| ENGINEER Architect: <u>[Signature]</u> | Firm: <u>PBCI-ENGINEERING</u> | Date: <u>5/10/2013</u> |
| SER: <u>[Signature]</u> | Firm: <u>ARTUR K ANDERSON</u> | Date: <u>5/13/2013</u> |
| SI-S: <u>James P. Shuff J.</u> | Firm: <u>CMT Laboratories, Inc</u> | Date: <u>6 MAY 2013</u> |
| SI-T: <u>James P. Shuff J.</u> | Firm: <u>CMT Laboratories, Inc</u> | Date: <u>6 MAY 2013</u> |
| TA: <u>James P. Shuff J.</u> | Firm: <u>CMT Laboratories, Inc</u> | Date: <u>6 MAY 2013</u> |
| F: _____ | Firm: _____ | Date: _____ |

If requested by engineer/architect of record or building official, the individual names of all prospective special inspectors and the work they intend to observe shall be identified.

Legend: **SER:** Structural Engineer of Record **SI-S:** Special Inspector - Structural
SI-T: Special Inspector **Technical TA:** Testing Agency
F: Fabricator

Accepted by Centre Region Code Administration, by: _____
Date: _____

Date for Final Report: _____
Frequency of Report Submission: _____
Time for Report Submission: _____



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FORM A1

SPECIAL INSPECTION DAILY REPORT

Municipality: Harris Township Permit #: _____ Date: _____
Project Name: Chemistry Classroom Alterations Project Address: 901 Boalsburg Pike
Boalsburg, PA 16827
Inspection Type(s)/Coverage: _____

☐ Continuous ☐ Periodic; frequency: _____
Inspections made, including locations: _____

Tests performed: _____

Items requiring: 1) correction, 2) correction of previously listed items, and 3) previously listed uncorrected items: _____

Changes to approved plans authorized by engineer or architect of record: _____

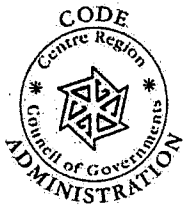
Comments: _____

To the best of my knowledge, work inspected was in accordance with CRCA approved plans, specifications and applicable workmanship provisions of the IBC except as noted above.

Signed: _____ Inspection Agency*: _____

Printed full name: _____ ID/Certification No.: _____

*Building official may require the signature/stamp of agency responsible for special inspection.
SERVING COLLEGE, FERGUSON, HARRIS, PATTON, HALFMOON TOWNSHIPS AND STATE COLLEGE BOROUGH



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FORM A2

SPECIAL INSPECTION WEEKLY REPORT

Municipality: Harris Township Permit #: _____ Date: _____
Project Name: Chemistry Classroom Alterations Project Address: 901 Boalsburg Pike
Boalsburg, PA 16827
Inspection Type(s)/Coverage: _____

☐ Continuous ☐ Periodic; frequency: _____

Total inspection time each day: _____

| | | | | | | | |
|-----------|--|--|--|--|--|--|--|
| Dates | | | | | | | |
| Hours | | | | | | | |
| Inspector | | | | | | | |

Inspections made, including locations: _____

Tests performed: _____

Items requiring: 1) correction, 2) correction of previously listed items, and 3) previously listed uncorrected items. _____

Changes to approved plans authorized by engineer or architect of record: _____

Comments: _____

To the best of my knowledge, work was inspected was in accordance with CRCA approved plans, specifications and applicable workmanship provisions of the IBC except as noted above.

Signed: _____ Inspection Agency*: _____

Printed full name: _____ ID/Certification No.: _____

*Building official may require the signature/stamp of agency responsible for special inspection.



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FORM A3

SPECIAL INSPECTION DISCREPANCY REPORT

Municipality: Harris Township Permit #: _____ Date: _____

Project Name: Chemistry Classroom Alterations Project Address: 901 Boalsburg Pike

Inspection Type(s)/Coverage: _____
Boalsburg, PA 16827

☐ Continuous ☐ Periodic; frequency: _____

Notice delivered to: ☐ Contractor ☐ Engineer/Architect ☐ CRCA

The following discrepancies require correction and inspection approval prior to proceeding with this phase of the work.

Signed: _____ Inspection Agency*: _____

Printed full name: _____ ID/Certification No.: _____

*Building official may require the signature/stamp of agency responsible for special inspection.

Post with building permit card.

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SPECIAL INSPECTION RECORD

Project Name: Chemistry Classroom Alterations Project Address: 901 Boalsburg Pike
Boalsburg, PA 16827

Project Name: Chemistry Building Project Address: Boalsburg, PA, 16827

Note: Each special inspector is to record their presence on the job-site for each day's inspection. Post this card adjacent to building permit card. Weekly reports are to be submitted by each special inspection/inspection agency to the contractor, structural engineer of record, and CRCA.

When attached to the building permit card, this card becomes a part of the inspection record.

[illegible]



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FORM A5

SPECIAL INSPECTION FINAL REPORT

Municipality: Harris Township Permit #: _____ Date: _____

Project Name: Chemistry Classroom Alterations Project Address: 901 Boalsburg Pike
Boalsburg, PA 16827

Attention: _____

In accordance with Section 1704 of the *International Building Code*, special inspection has been provided for the following items:

Based upon inspections performed and our (my) sustaining reports, it is our (my) professional judgment that to the best of our (my) knowledge, the inspected work was performed in accordance with the approved plans, specifications and applicable workmanship provisions of the *International Building Code*.

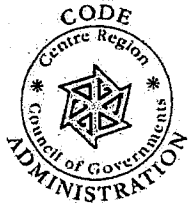
Signed: _____ Inspection Agency: _____

Printed full name: _____ ID/Certification No.: _____

*Building official may require the signature/stamp of agency responsible for special inspection.

C: Client/Project Owner
Engineer/Architect

SERVING COLLEGE, FERGUSON, HARRIS, PATTON, HALFMOON TOWNSHIPS AND STATE COLLEGE BOROUGH



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SPECIAL INSPECTION PART 2

Before permit issuance, all parties must sign this agreement. Please note that failure to comply with special inspection requirements could be expensive in terms of retrofit design construction as well as delays in the project.

PART 2 - STATEMENT OF SPECIAL INSPECTION

| | |
|---|------------------------------|
| This statement must accompany permit applications for all construction for which special inspections and observations are required in Section 1704 and 1709 of the International Building Code. | |
| Project Name: Chemistry Classroom Alterations - St. Joseph's Academy | |
| Project Address: 901 Boalsburg Pike Boalsburg, PA 16827 | |
| Owner: Mr. Christian Klepeiss | Telephone: (814) 808-6118 |

This is to certify that all the inspections and observations that I have checked on pages 2-3 **and** on page 4 of this statement are required for the project named above and will be performed by the designated individuals or firms. By signing this statement, I also acknowledge that:

- These inspections and observations must be performed by competent individuals in accordance with Sections 1704, 1705 and 1709 (as applicable) and that the construction work must comply with the approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- Records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to CRCA representatives, upon request; and,
- **The final report section of the statement must be signed by me and a copy of this statement submitted to the CRCA inspector, at the time that the final inspection is performed and before a certificate of occupancy is issued.**

FRANK A. PENO, PE
Name of Design Professional in Responsible Charge
[Signature]
Signature of Design Professional in Responsible Charge
PE-035535-E 5-10-2013
PA License Number Date signed
(month/day/year)
PLEASE AFFIX SEAL IN SPACE TO THE LEFT.

| CHECK EACH THAT APPLIES | TYPE OF SPECIAL INSPECTION OR OBSERVATION | NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION | CREDENTIALS (Enter acronym from page 4. If "other", please specify special training or basis for competency to perform work.) |
|-------------------------------------|---|---|---|
| <input type="checkbox"/> | Inspection of Fabricators | | |
| <input checked="" type="checkbox"/> | Inspection of Steel Construction | CMT Laboratories, Inc. 2701 Carolean Ind. Dr. State College, PA 16801 | P.E., AWS |
| <input type="checkbox"/> | Inspection of Concrete Construction | | |
| <input type="checkbox"/> | Inspection of Masonry Construction | | |
| <input type="checkbox"/> | Inspection of Wood Construction | | |
| <input type="checkbox"/> | Inspection of Soil Conditions | | |
| <input type="checkbox"/> | Inspection of Pile Foundations | | |
| <input type="checkbox"/> | Inspection of Pier Foundation | | |
| <input type="checkbox"/> | Inspection of Wood Panels and Veneers | | |
| <input type="checkbox"/> | Inspection of Sprayed Fire-Resistant Materials | | |
| <input type="checkbox"/> | Inspection of Smoke Control | | |

| CHECK EACH THAT APPLIES | TYPE OF SPECIAL INSPECTION OR OBSERVATION | NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION | CREDENTIALS (Enter acronym from page 4. If "other", please specify special training or basis for competency to perform work.) |
|----------------------------------|--|---|---|
| <input type="checkbox"/> | Inspection of Exterior Insulation & Finish System (EIFS) | | |
| <input type="checkbox"/> | Structural Observations | | |
| <input type="checkbox"/> | Mastic and Intumescent Fire-Resistant Coatings | | |
| <input type="checkbox"/> | Seismic Resistance | | |



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SPECIAL INSPECTION PART 2

Required Special Inspections or Observations:

- ☐ Inspection of Fabricators
- ☒ Inspection of Steel Construction
- ☐ Inspection of Concrete Construction
- ☐ Inspection of Masonry Construction
- ☐ Inspection of Soil Conditions
- ☐ Structural Observations
- ☐ Inspection of Pile Foundations
- ☐ Inspection of Pier Foundations
- ☐ Inspection of Wood Panels and Veneers
- ☐ Inspection of Spray Fire-Resistant Materials
- ☐ Inspection of Smoke Controls
- ☐ Inspection of Exterior Insulation & Finish System (EIFS)
- ☐ Inspection of Mastic and Intumescent Fire-Resistant Coatings
- ☐ Inspection of Seismic Resistance

I certify that I have reviewed the report on each of the inspections or observations checked. These reports indicate that the covered work is in compliance with the CRCA approved plans and specification and all applicable provisions of the Uniform Construction Code.

Signature of Design Professional in Responsible Charge

Date signed

5-10-13

KEY for use in **CREDENTIALS** COLUMN:
 (on pages 2 and 3)

| | |
|--------------|---|
| ACI | American Concrete Institute Certified Concrete Field Testing Technician |
| AWS | American Welding Society Certified Welding Inspector |
| ASNT | American Society of Non-Destructive Testing |
| AWCI | Association of Wall and Ceiling Industries |
| MCA | Model code agency (ICC, BOCA, SBCCI, ICBO) special inspection certification |
| RA | Registered Architect (currently licensed) |
| PE | Professional Engineer (currently licensed) |
| OTHER | Specialized training coursework or other basis for competency deemed acceptable |

Seismic Requirements (*Section 1705.3.1*)

Description of seismic-force-resisting system and designated seismic systems subject to special inspections as per Section 1705.3. Describe the Seismic resisting system in the longitudinal and transverse directions.

The extent of the seismic-force-resisting system is defined in more detail in the construction documents.

St. Joseph's Catholic Academy

Science Lab Renovations

"Stored Chemicals List"

The following list of chemicals will be stored under the Lab Hood in the Prep Room 15A on a regular basis:

- 1 Liter - Manganese (II) Nitrate
- 1 Liter - Iron (III) Nitrate
- 1 Liter - Potassium Nitrite
- 1 Liter - Cobalt (II) Nitrate
- 1 Liter - Potassium Nitrate
- 1 Liter - Ammonium Nitrate
- 1 Liter - Lead (II) Nitrate
- 1 Liter - Bismuth Nitrate
- 1 Liter - Lithium Nitrate