



THE STATE EDUCATION DEPARTMENT/ THE UNIVERSITY OF THE STATE OF NEW YORK

Office of Facilities Planning, 89 Washington Avenue, Room 1060 Education Building Annex, Albany, NY 12234
 Tel. (518) 474-3906
 Fax. (518) 486-5918
 www.p12.nysed.gov/facplan/

REQUEST FOR APPROVAL OF USE OF A FACILITY

SED Project #:

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8 digit district BEDS Code
4 digit building number
3 digit project number

INSTRUCTIONS

- No space shall be used by a School District, BOCES or Charter School until a valid CERTIFICATE OF OCCUPANCY (CO) is issued by the Commissioner of Education. To obtain a CO for a facility that does not have a CO pursuant to the annual fire/safety inspection, execute and submit two copies of this form, together with other required exhibits detailed on page two to the Office of Facilities Planning. Telephone: (518) 474-3906.
- Subsequent to the initial approval, annual approval of use is required in the form of a CO issued pursuant to the annual fire inspection required by Section 807-a of the Education Law.

Name of District/BOCES/Charter School:	SED Project Manager:	Date Submitted:		
1. Building Name:				
2. Building Address:				
3. Project Contact Person:		Telephone No.: ()		
4. Type of Facility: (Check appropriate type)				
<input type="checkbox"/> Leased space for educational use, acquired pursuant to Education Law, Section 1709.7 (church rooms, grange halls, etc.)				
<input type="checkbox"/> Leased space for other than educational use, acquired pursuant to Education Law, Section 1709.7 (administration/office, storage, etc.)				
<input type="checkbox"/> Mobile Instructional Unit (MIU) – acquired pursuant to Department guidelines issued January 27, 1986. Enter New York State Vehicle Identification No.: <input style="width: 200px;" type="text"/>				
<input type="checkbox"/> Discovered Building, Other (Describe):				
5. Space Utilization: For each room being used, complete the following: Use one line for each room, attaching separate sheets as necessary. Correlate space designations with required plan information, using exactly the same designations on both.				
Room No.	Subject Taught or Activity	Grade Housed	Maximum Number of Occupants	Net Floor Area (square feet)

Signature: _____ **Date** _____
School Superintendent

FOR FACILITIES PLANNING OFFICE USE ONLY		
Date Reviewed: _____	Authorized Signature: _____	Date CO Issued: _____

A. EXHIBITS REQUIRED (Check box for each required exhibit that is included in the submission)

1. LEASED EDUCATIONAL SPACE, LEASED SPACE, DISCOVERED BUILDING, OTHER:

- Request for Approval of Use, Form FP-AU, two copies.
- A completed **Fire Safety Report** of the fire safety inspection of the facility, one copy. Download the Fire Safety Report form from Facilities Planning website and conduct the inspection prior to submitting the form FP-AU. Correct all nonconformances prior to submission of form FP-AU.
- A copy of the current **Certificate of Occupancy** issued by the local code enforcement agency. If owned by a public school district, certification by a licensed architect or engineer that the whole building, as well as the space being used, complies with applicable provisions of the Codes of New York State, one copy.
- Floor Plans and Elevations**, one copy. See B.1 below.
- Site Plan**, one copy. See B.2 below.
- A completed **Management Plan** pursuant to AHERA, 40 CFR, Part 763.93. Submit one copy of AHERA form #5, or other substantiation.

2. MOBILE INSTRUCTIONAL UNIT (MIU):

- Request for Approval of Use, Form FP-AU, two copies.
- A completed **Fire Safety Report** of the fire safety inspection of the facility, one copy. Download the Fire Safety Report form from Facilities Planning website and conduct the inspection prior to submitting the form FP-AU. Correct all nonconformances prior to submission of form FP-AU.
- Certification** by the manufacturer of the MIU, or in the case of a converted existing vehicle, by the Superintendent of Schools **and** a licensed architect or engineer, that the vehicle conforms to the Department's January 27, 1986 Guidelines for the Acquisition and Use of Mobile Instructional Units.
- Floor Plan**, one copy. See B.1 below.
- A completed **Management Plan** pursuant to AHERA, 40 CFR, Part 763.93. Submit one copy of AHERA form #5, or other substantiation.

B. PLAN INFORMATION REQUIRED

- 1. FLOOR PLAN(S) and ELEVATIONS** – Architectural-quality, scaled drawing(s) (1/8 in = 1 ft. minimum) which indicates corridors, stairs, walls, door openings and swings, windows and room uses. Include each floor of the entire building and designate the spaces being used. **The designation shall be exactly as indicated at Part 5 of this form.** For MIUs, indicate furniture, including pupil stations, and ceiling height(s). **Floor plan(s) must indicate any renovations or alterations which will take place for the proposed use of the area(s).**
- 2. SITE PLAN** – Architectural-quality, scaled drawing(s) (11" x 17" minimum sheet size) of the total property which indicates the relative location of buildings, streets, roads, parking areas and walks. **NOTE: typical minimum building separation is 15', except 30' where classroom windows are involved.**

7. DESCRIPTION OF BUILDING – complete this section for all facilities, except an MIU. Mark box(s) and complete blanks where necessary.

<p>1. Building Height:</p> <p>a. No. of stories (not incl. basement): _____</p> <p>b. Is there a basement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. Floor Structure:</p> <p><input type="checkbox"/> concrete <input type="checkbox"/> steel <input type="checkbox"/> wood <input type="checkbox"/> other: _____</p>	<p>9. Roof Deck:</p> <p><input type="checkbox"/> concrete <input type="checkbox"/> steel <input type="checkbox"/> wood <input type="checkbox"/> other: _____</p>	<p>13. Windows:</p> <p><input type="checkbox"/> casement <input type="checkbox"/> double hung <input type="checkbox"/> sliding <input type="checkbox"/> other: _____</p>
<p>2. Construction Type:</p> <p><input type="checkbox"/> I _____ A _____ B <input type="checkbox"/> II _____ A _____ B <input type="checkbox"/> III _____ A _____ B <input type="checkbox"/> IV _____ A _____ B <input type="checkbox"/> V _____ A _____ B</p>	<p>6. Flooring:</p> <p><input type="checkbox"/> concrete <input type="checkbox"/> steel <input type="checkbox"/> wood <input type="checkbox"/> other: _____</p>	<p>10. Roofing:</p> <p><input type="checkbox"/> metal <input type="checkbox"/> shingle <input type="checkbox"/> built-up <input type="checkbox"/> single-ply <input type="checkbox"/> other: _____</p>	<p>14. Sewer:</p> <p><input type="checkbox"/> on-site <input type="checkbox"/> municipal <input type="checkbox"/> other: _____</p>
<p>3. Interior Partitions:</p> <p><input type="checkbox"/> masonry <input type="checkbox"/> metal <input type="checkbox"/> wood <input type="checkbox"/> other: _____</p>	<p>7. Ceilings:</p> <p>a. Describe: _____</p> <p>b. Height: _____</p>	<p>11. Type of Heat:</p> <p><input type="checkbox"/> hot air <input type="checkbox"/> hot water <input type="checkbox"/> steam <input type="checkbox"/> other: _____</p>	<p>15. Water:</p> <p><input type="checkbox"/> well <input type="checkbox"/> municipal <input type="checkbox"/> other: _____</p>
<p>4. Interior Partition Finish:</p> <p><input type="checkbox"/> masonry <input type="checkbox"/> metal <input type="checkbox"/> wood <input type="checkbox"/> other: _____</p>	<p>8. Roof Struct. Framing:</p> <p><input type="checkbox"/> concrete <input type="checkbox"/> steel <input type="checkbox"/> wood <input type="checkbox"/> other: _____</p>	<p>12. Type of Fuel:</p> <p><input type="checkbox"/> oil <input type="checkbox"/> gas - LP <input type="checkbox"/> gas - Natural <input type="checkbox"/> electric <input type="checkbox"/> other: _____</p>	<p>16. Electric:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
			<p>17. Exit Door Hardware:</p> <p><input type="checkbox"/> panic <input type="checkbox"/> classroom function <input type="checkbox"/> other: _____</p>