



SEISMIC FORM B

**CERTIFICATE OF SEISMIC COMPLIANCE
EXISTING BUILDING**

Date: _____

This affirms that _____ served as engineer in charge of the seismic evaluation of the building located at _____.

The building has the following characteristics:

ASCE Building Type:	No. of Stories:	Approx. Area:
Building Design Code:	Year of Design Code:	Year of Construction:

I have evaluated this building at the Life Safety Performance Level as set forth in the ICSSC RP 8, Standards of Seismic Safety for Existing Federally Owned and Leased Buildings, using ASCE/SEI 31 methodology:

___ Tier 1 Evaluation

___ Tier 2 Evaluation

___ Tier 3 Evaluation

___ Other (please explain below)

Documentation of this evaluation must be attached to this Certificate.

On the basis of the building characteristics and to the extent permitted by this level of evaluation it is my opinion that subject Building (*check one*) does / does not meet the Life Safety Performance Level of ICSSC RP 8.

Affix Stamp and Sign Here

Engineer's Name:

Firm:

Address:

Telephone:

License No.:

License State:

Expiration Date:

Comments:

Attach: ASCE/SEI 31 Checklist(s) Structural, Nonstructural, and Geologic Site Hazards and Foundation.