

Seismic Form A**CERTIFICATE OF SEISMIC COMPLIANCE
BENCHMARK BUILDING**

Date: _____

This affirms that _____ served as an 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:

On the basis of the building characteristics and to the extent permitted by this level of evaluation, it is my opinion that the subject Building qualified as a Benchmark Building as indicated in ASCE/SEI 31, Table 1-1

Affix Stamp and Sign Here

Engineer's Name:

Firm:

Address:

Telephone:

License No.:

License State:

Expiration Date:

Seismic Form B**CERTIFICATE OF SEISMIC COMPLIANCE
EXISTING BUILDING**

Date: _____

This affirms that _____ served as an 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.

Seismic Form C**BUILDING RETROFIT FOR NEW CONSTRUCTION
PREAWARD COMMITMENT****PART 1****PREAWARD COMMITMENT TO RETROFIT BUILDING:**

Date: _____

This affirms that _____ shall serve as engineer in charge of the seismic retrofit of the building located at _____. The retrofit must be designed to meet the Basic Safety Objective, as set forth in ASCE/SEI 41 Seismic Rehabilitation of Existing Buildings.

In accordance with the requirements of this Standard and the seismic paragraph in the Request for Lease Proposals (RLP), our offer includes a commitment to retrofit the building to satisfy all of the Basic Safety Objective requirements of ASCE/SEI 41. The offer includes a Tier 1 report with all supporting documents, a narrative explaining the process, scope of renovations, and a schedule for the seismic retrofit. Documentation shall be provided before award that demonstrates the seismic retrofit will meet the seismic standards and be completed within the time frame required.

PART 2**PREAWARD COMMITMENT TO CONSTRUCT A NEW BUILDING:**

Date: _____

This affirms that _____ will serve as engineer in charge of the structural design of the building located at _____. The criteria for design must be the ____ edition of the _____ building code.

In accordance with the requirements of this code, we prepared a quality assurance plan that included requirements for testing and inspection critical elements of the structure and also periodic observation by our staff. We reviewed special inspection and testing reports prepared by the inspection agency and contractor submittals. On the basis of this, and to the extent permitted by this level of construction surveillance, it is my opinion that the Building was designed and constructed in conformance with the requirements of the above code.

The building has the following characteristics:

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

OFFEROR

Signature:	Name of Signer:
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Seismic Form D**OFFEROR'S REPRESENTATION OF EXEMPTION FROM SEISMIC STANDARDS**

Date: _____

I represent that my building is exempt from the requirement of RP 8 because:

☐

The Building is located in an area of medium seismicity and the Building will have less 10,000 Net Usable Square Feet (NUSF) of space leased to the Federal Government upon commencement of the lease term.

☐

The Building is located in an area of high to very high seismicity, and it is a one-story building with a steel light frame or wood construction with less than 3,000 NUSF of space in the building.

OFFEROR

Signature:

Name of Signer:

Seismic Form E**CERTIFICATE OF SEISMIC COMPLIANCE
RETROFITTED BUILDING**

Pre-Occupancy Certificate:

Date: _____

This affirms that _____ served as the engineer in charge of the structural retrofit of the building located at _____. The standard for design was the Basic Safety Objective, as set forth in ASCE/SEI 41 Seismic Rehabilitation of Existing Buildings.

In accordance with this Standard, we prepared a quality assurance plan which required staff to observe, test, and inspect the seismic retrofit work. We have also reviewed special inspection and testing reports prepared by the inspection agency and contractor submittals. On the basis of this, and to the extent permitted by this level of construction surveillance, it is my opinion that the Building was designed and constructed to conform with the requirements of the Standard listed above.

The building has the following characteristics:

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

Documentation of this retrofit must be available to Department of Veteran Affairs.

On the basis of the above, it is my opinion that subject Building (*check one*) _____does, _____does not meet the Basic Safety Objective – Performance Level as set forth in ASCE/SEI 41, Seismic Rehabilitation of Existing Buildings.

Affix Stamp and Sign Here

Engineer's Name:

Firm:

Address:

Telephone:

License No.:

License State:

Expiration Date:

Seismic Form F**CERTIFICATE OF SEISMIC COMPLIANCE
NEW BUILDING****PRE-OCCUPANCY CERTIFICATE:**

Date: _____

This affirms that _____ served as engineer in charge of the structural design of the building located at _____. The criteria for design were the _____ edition of the _____ code.

In accordance with the requirement, we prepared a quality assurance plan, which requires staff to observe, test, and inspect the structure's critical elements. We have also reviewed special inspection and testing reports prepared by the inspection agency and contractor submittals. On the basis of this, and to the extent permitted by this level of construction surveillance, it is my opinion that the Building was designed and constructed to conform with the requirements of the code listed above.

The building has the following characteristics:

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

Affix Stamp and Sign Here

Engineer's Name:

Firm:

Address:

Telephone:

License No.:

License State:

Expiration Date:

Comments: