|  |  |  |
| --- | --- | --- |
| Local Education Agency | State Project No. | Phase |
| School | Architect | Date |

DAS - OFFICE OF SCHOOL CONSTRUCTION GRANTS & REVIEW (OSCG&R) PLAN REVIEW CHECKLIST

# STAND-ALONE

**ROOF REPLACEMENT PROJECT**

**FORM SCG-3019**

* Do not use Not Applicable (N/A). Use “None”, “NPS” (Not in Project Scope), or explain condition.
* Submit completed **Pre-Bid Conformance Review (PCR) Checklist** with this completed form.
* Status column (by SCG staff): 🗸 Accepted ⭘ Open Item

|  |  |
| --- | --- |
|  | Status |
|  | Drawings | Specifications |
| 01. | New roof insulation must meet energy requirements of Connecticut State Building Code. Provide roof assembly "R" value(s). |  |  |  |
| 02. | Roof plans and specifications: |  |  |  |
|  | a. Show all new roof surfaces |  |  |  |
|  | b. Show all new roof construction |  |  |  |
|  | c. Show drainage and slopes to drains / scupper locations |  |  |  |
|  | d. Walkway pads |  |  |  |
|  | e. Details |  |  |  |
| 03. | Site plan or Location plan and specifications: |  |  |  |
|  | a. Underground piping for rain water (if applicable) |  |  |  |
|  | b. Contractor staging area |  |  |  |
|  | c. Extent of site disturbance and remediation  |  |  |  |
| 04. | Fall protection at skylights and roof hatches (OSHA 1910.23) |  |  |  |
| 05. |  Guards for mechanical equipment within 10 feet of a roof edge or open side of a walking surface. (I.M.C 304.10) |  |  |  |
|  06. | Roof Key Plan with Legend (8½” x 11” or 11” x 17” format) |  |  |  |
| 07. | 20-year minimum, all inclusive, non-prorated roof warranty by membrane manufacturer |  |  |  |
|  |  a. Provide copy of warranty upon completion |  |  |  |
|  08. | Completed Section C of FORM SCG-4000 Ineligible Costs and Limited Eligible Costs Worksheet (ICW) |  |  |  |
| 09. | Scope Letter with explanation of eligibility for roof drains, gutters, downspouts, access hatches, skylights, lightning protection, etc. |  |  |  |