



## Checklist for PCO/CO

|                       |                          |
|-----------------------|--------------------------|
| CO                    | <input type="checkbox"/> |
| PCO                   | <input type="checkbox"/> |
| Permit Number         |                          |
| Street Address        |                          |
| Applicable Code       |                          |
| Total floor area      |                          |
| Type of Construction  |                          |
| Use/Occupancy         |                          |
| Design Occupancy Load |                          |
| Automatic Sprinklers  |                          |

| No | Status of items  | Uploaded?                | N/A                      |
|----|--|--------------------------|--------------------------|
| 1  | Last three pages of the special inspections report signed and sealed by the architect/engineer.  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Final Report of Special Inspections  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Agent's Final Report   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Certificate of Occupancy – Statement of Compliance   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Statement of Professional Opinion by the architect of record or professional engineer of record responsible for the design of the structure, per 2021 IBC 107.6 affirming that they have reviewed and approved the shop drawings; and have conducted field observation of construction as required by CGS 29-276c. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Certified testing and balancing report for all buildings.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Confirmation of impact resistant glass in all hazardous locations.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Final certification of all spray fireproofing if installed.  | <input type="checkbox"/> | <input type="checkbox"/> |

|    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 6  | Certifications and tests required by the trade inspector/s.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Flame spread and smoke development ratings on all the following:   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Wall coverings.  | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Suspended acoustical ceiling tile systems.   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Floor coverings.   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Window treatments.   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Furniture.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | State approval for the following items, where applicable.  |                          |                          |
|    | Pool   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Elevators.   | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Con DOT approval re encroachment permit, if applicable.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | A detail showing all rough grading is in place and all wheelchair accessibility features are in place at walkways and entrances.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Letter from the Stamford Engineering department verifying Identification of building street number.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Photo posted showing floor load signs (LL > 50 PSF), required by IBC Section 106.1.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | State modifications or accessibility exemptions, if any.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 | Other items identified in Permit Conditions, if any.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 | Provide written documentation of the name of the individual or entity that supplied the concrete and the name of the individual or entity that installed the concrete. (PA 16-45, CGS 29-265c) | <input type="checkbox"/> | <input type="checkbox"/> |
| 15 | As-built drawings of completed work in PDF format  | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 | For PCO-Tenant safety plan showing areas to be occupied and construction areas.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 | Final cost affidavit (signed by owner and notarized)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 | A photo of a permanent Certificate posted as per IECC C401.3 or R401.3   | <input type="checkbox"/> | <input type="checkbox"/> |

|    |  |                          |                          |
|----|--|--------------------------|--------------------------|
| 19 | Post Construction Certificate of Compliance by architect/engineer of record verifying compliance with IECC a. Section C405 Interior Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
|----|--|--------------------------|--------------------------|

A description of that portion of the structure for which the certificate is requested.

---

Signed by Applicant/Owner/Architect

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_