

SCHEDULE C/STATEMENT OF COMPLIANCE

Facility Name: _____

I have inspected the premises located at:

Address: _____

City: _____ State: _____ Zip Code: _____

and/or have reviewed or caused to prepare under my direct supervision the architectural plan and specifications for the above mentioned premises. I duly affirm that the above premises meet the following:

- 77 Ill. Admin. Code 2060 Subpart C;
- The facility requirements specified in Environmental Barriers Act [410 ILCS 25/1 (1992)] and the Illinois Accessibility Code, 71 Ill. Admin. Code 400;
- The facility requirements specified in Americans with Disabilities Act of 1990 (42 USC 12101 Et. Seq.) and the regulations thereunder;
- All applicable sections of the National Fire Protection Associations (NFPA) Life Safety Code of 2000; (*If an exception is applicable, explain why.*) and
- The Architect's Life Safety Inspection Report.

and that:

- No adverse findings are specified on the Architect's Life Safety Inspection Report.
- Adverse findings are specified on the Architect's Life Safety Inspection Report. Please list all adverse findings. (*Use additional paper if necessary.*)

Architect: _____ Date: _____

Illinois Registration Number: _____