

ADAAG CONFORMANCE STATEMENT
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
SFN 19701 (01/06)

(This form must be submitted for new construction, alternations and additions to buildings and facilities subject to the Americans with Disabilities Act)

AMERICAN WITH DISABILITIES ACT ACCESSIBILITY GUIDELINES (ADAAG) CONFORMANCE STATEMENT										
Name & Building Address	Owner									
	City/County									
Date Construction to Start	Projected Completion Date									
Type of Construction <table style="margin-left: 200px; border: none;"> <tr> <td style="padding-right: 20px;">New Building</td> <td style="padding-right: 20px;"><input type="checkbox"/></td> <td>Sq. Ft. _____</td> </tr> <tr> <td>Addition</td> <td><input type="checkbox"/></td> <td>Sq. Ft. _____</td> </tr> <tr> <td>Alteration</td> <td><input type="checkbox"/></td> <td>Sq. Ft. _____</td> </tr> </table>		New Building	<input type="checkbox"/>	Sq. Ft. _____	Addition	<input type="checkbox"/>	Sq. Ft. _____	Alteration	<input type="checkbox"/>	Sq. Ft. _____
New Building	<input type="checkbox"/>	Sq. Ft. _____								
Addition	<input type="checkbox"/>	Sq. Ft. _____								
Alteration	<input type="checkbox"/>	Sq. Ft. _____								
Describe Alteration:										
Type of Occupancy/Use (Refer to Occupancies and Divisions defined in the International Building Code):										
I certify, to the best of my professional judgement, that the plans and specifications for the above referenced building or facility conforms with the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities as adopted in North Dakota Century Code Section 54-21.3-04.1.										
_____ Name of Design Professional	_____ Firm									
_____ Signature	_____ Phone Number Date									
Send To: Division of Community Services 1600 East Century Avenue, Suite 2 PO Box 2057 Bismarck, ND 58502-2057										