

**CERTIFICATE OF COMPLIANCE**  
with  
**Americans with Disabilities Act and Architectural Barriers Act**  
**Accessibility Guidelines**

TO: FACILITY PLANNING AND CONTROL  
P.O. Box 94095  
Baton Rouge, LA 70804-9095

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*Design Firm Name and Address*

PROJECT NAME: \_\_\_\_\_

PROJECT No.: \_\_\_\_\_

SITE CODE: \_\_\_\_\_ STATE ID: \_\_\_\_\_

DATE OF ACCEPTANCE: \_\_\_\_\_

I, \_\_\_\_\_ certify that, to the best of my knowledge and belief, this project has been constructed in compliance with the Americans with Disabilities Act and Architectural Barriers Act Accessibility Guidelines as reviewed by the fire marshal.

\_\_\_\_\_  
*Designer Signature* Date: \_\_\_\_\_

**State of Louisiana**  
**DIVISION OF ADMINISTRATION**  
**Facility Planning and Control**

**CERTIFICATE OF COMPLIANCE**  
with  
**Louisiana Building Code for State Owned Buildings**

TO: STATE OF LOUISIANA  
DIVISION OF ADMINISTRATION  
OFFICE OF FACILITY PLANNING AND CONTROL  
P.O. Box 94095  
Baton Rouge, LA 70804-9095

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
*(Design Firm or Owner/User Name and Address)*

PROJECT NAME: \_\_\_\_\_  
\_\_\_\_\_

PROJECT No.: \_\_\_\_\_

DATE OF ACCEPTANCE: \_\_\_\_\_

I, \_\_\_\_\_ certify that, to the best of my knowledge and belief, this project has been constructed in compliance with the construction documents determined to be satisfactory by the State of Louisiana, Division of Administration, Office of Facility Planning and Control.

\_\_\_\_\_  
*(Signature of Designer or Owner/User)* Date: \_\_\_\_\_