**Instructions:** Building owner must have a licensed structural engineer evaluate the building and fill out the below certification.

Date: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, and Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify that the building above (check one):**

is a New Building or Major Renovations are planned to the existing building where renovation costs exceed 50% of replacement cost of building and the building meets appropriate seismic provisions of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (IBC or local seismic building code, if more stringent than IBC) edition of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (Attach documentation confirming compliance).

**The below apply only to Existing Buildings not undergoing Major Renovations:**

was designed, built and maintained to the requirements of seismic standards RP-8 as specified in Section 2.2 of Standards of Seismic Safety for Existing Federally Owned or Leased Buildings and Commentary issued by the Interagency Committee on Seismic Safety in Construction as ICSSC RP-8, Seismic Standards for Existing Federally Owned and Leased Buildings, Dec 2011. (Attach documentation confirming compliance.)

meets the minimum acceptable performance seismic standard of ‘Life Safety’ using the American Society for Civil Engineers (ASCE) 31-03, Seismic Evaluation of Existing Buildings. (Attach documentation confirming compliance.)

is a benchmark building according to RP-8 Section 1.3.1. (Attach documentation confirming compliance.)

Structural Engineer completing certificate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­  
(Signature)

License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Field of Practice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*SEAL*                                                                                         Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_