

CERTIFICATE OF APPROVAL FOR A TEN YEAR SURVEY REPORT

(Section 2-3.12 of the School Code)

Baseball Press Box	McLean
School Building	County
McLean County USD 5, 0050	
District Name and Number	

I, _____, State Superintendent of Education, acknowledge receipt of this ten-year safety survey report, approved for the year 0. Hence, the next safety survey report will be due in the year 0. The District architect has provided assurances that the building named above has been surveyed in accordance with 105 ILCS 5/2-3.12. This Certificate of Approval for a Ten Year survey Report does not necessarily imply that Fire Prevention and Safety Funds can be used for the work items listed in this survey report.

Date	Signature of State Superintendent of Education

COMMENTS:

ITEM ID	DESCRIPTION	ESTIMATED AMOUNT	ADJUSTED AMOUNT	DIFFERENCE	REASON
---------	-------------	------------------	-----------------	------------	--------

OTHER COMMENTS:

ITEM ID	DESCRIPTION	REASON
---------	-------------	--------

VIOLATION AND RECOMMENDATION SCHEDULE

(23 IL Adm. Code 180, Sections 180.320)

1. COUNTY CODE 064, McLean		2. DISTRICT CODE/NAME 0050, McLean County USD 5			3. FACILITY CODE/NAME Baseball Press Box	
4. Item ID	5. Location(s) (Room No)	6. Priority Code	7. Rule Violated	8. Description of the violation	9. Recommendation to correct violation	

Form 35-84 (7/07) (Prescribed by ISBE for local board use)

SCHEDULE OF RECOMMENDED WORK ITEMS AND ESTIMATED COSTS

1. COUNTY CODE 064, McLean				2. DISTRICT CODE/NAME 0050, McLean County USD 5				3. FACILITY CODE/NAME Baseball Press Box			
4. Item I.D.	5. Action I.D.	6. Priority Code	7. Specification(s)	8. Units Of Measure	9. Quantity	10. Labor Code	11. Estimated Cost (Architect / Engineer)	12. ROE Adjustment	13. ISBE Adjustment	14. Estimated Completion Date	15. Funding Type

	Original Subtotal	\$0.00	Adjusted Subtotal	\$0.00	
	Original 0.00% Contingency	\$0.00	Adjusted 0.00% Contingency	\$0.00	
	Original 0.00% A/E Fees	\$0.00	Adjusted 0.00% A/E Fees	\$0.00	
	Original Grand Total	\$0.00	Adjusted Grand Total	\$0.00	

Items with a Funding Type of 'O' are not included in the cost calculation.
35-48 (7/07) (Prescribed by ISBE for Local Board Use)