



# CERTIFICATE OF APPROVAL FOR A TEN YEAR SURVEY REPORT

(Section 2-3.12 of the School Code)

Normal CHS Athletic Building	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
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**OTHER COMMENTS:**

ITEM ID	DESCRIPTION	REASON
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## CERTIFICATE OF APPROVAL FOR THE EXPENDITURE OF FIRE PREVENTION AND SAFETY FUNDS

(Section 17-2.11 of the School Code)

Normal CHS Athletic Building	McLean
School Building	County
McLean County USD 5, 0050	
District Name and Number	
Amendment Number	

Total Previously Approved	
Approved to raise with this Amendment	\$120.00
Total Approved to Date	\$120.00
Existing District Funds Approved	\$0.00

I, \_\_\_\_\_, State Superintendent of Education, acknowledge receipt of the estimate of cost certified by the architect/engineer required:

1.	<input type="checkbox"/>	to bring this school building into compliance with the safety standards set forth in 23 Ill. Adm. Code Part 175, 23 Ill. Adm. Code Part 180, and or 23 Ill. Adm. Code Part 185 as promulgated by the State Board of Education.
2.	<input type="checkbox"/>	to bring the school building into compliance with the Asbestos Abatement Act 105 ILCS 105/1 et.seq, and the federal Asbestos Hazard Emergency Response Act of 1986 as amended (AHERA).
3.	<input type="checkbox"/>	to provide funds for energy conservation; disabled accessibility; school security; repair of school sidewalks, playgrounds, parking lots, or school bus turnarounds; and other repair purposes pursuant to Section 17-2.11 of the School Code with funds not necessary for the completion of items under No. 1 or No. 2 above.

I Further certify that the estimate of total approval to date, in the amount of \$120.00 has been examined and determined to be reasonable and is hereby approved.

Date	Signature of State Superintendent of Education

**EXPLANATORY NOTES:**

1.	<input checked="" type="checkbox"/>	No items in this amendment were disapproved nor were any of the estimated costs adjusted.
2.	<input type="checkbox"/>	One or more items in this amendment were disapproved and the estimated costs adjusted accordingly. The amount shown above as the total amount approved for this amendment reflects an aggregate cost adjustment of + / - \$0.00. Comments regarding this amendment and a list of the items disapproved and cost adjustments applied are attached to this certificate.

**COMMENTS:**

**ADJUSTED ITEMS:**

ITEM ID	DESCRIPTION	ESTIMATED AMOUNT	ADJUSTED AMOUNT	DIFFERENCE	REASON
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# VIOLETION AND RECOMMENDATION SCHEDULE

(23 IL Adm. Code 180, Sections 180.320)

1. COUNTY CODE		2. DISTRICT CODE/NAME			3. FACILITY CODE/NAME	
<b>064, McLean</b>		<b>0050, McLean County USD 5</b>			<b>Normal CHS Athletic Building</b>	
4. Item ID	5. Location(s) (Room No)	6. Priority Code	7. Rule Violated	8. Description of the violation	9. Recommendation to correct violation	
1	Mud Room 0B1	a.	BOCA-F 310.6	There are open wires exposed out of wall above.	Remove exposed wire and flex conduit back to junction box.	

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 **Normal CHS Athletic Building**

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
1	b	a.	Remove exposed wire and flex conduit back to junction box.	LS	1	2	\$100.00			12/31/2026	F

	Original Subtotal	\$100.00	Adjusted Subtotal	\$100.00	
	Original 10.00% Contingency	\$10.00	Adjusted 10.00% Contingency	\$10.00	
	Original 10.00% A/E Fees	\$10.00	Adjusted 10.00% A/E Fees	\$10.00	
	Original Grand Total	\$120.00	Adjusted Grand Total	\$120.00	

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)