

Form F10 – Request for Waiver from OSF Plan Review

TO: DIRECTOR, OFFICE OF SCHOOL FACILITIES
SOUTH CAROLINA DEPARTMENT OF EDUCATION

FROM:	SUPERINTENDENT	
	COUNTY/SCHOOL DISTRICT	

DISTRICT POINT OF CONTACT

Name:	
Phone:	
Email:	

It is hereby requested, that a waiver be granted concerning the submission of plans and specifications to OSF based on the referenced project being classified as either: Repairs, a Level 1 Alteration not associated with "fire and life safety standards or specifications," including but not limited to door locks that prevent evacuation or a Level 2 Alteration that doesn't involve structural members, fire and life safety, accessibility, HVAC, roofing, electrical panels, any fire protection measures (alarms, sprinklers, panels, etc.), and any work involving Means of Egress.

FACILITY NAME:	
PROJECT ADDRESS:	
PROJECT DESCRIPTION: <i>(Scope of Work)</i>	
CLASSIFICATION OF PROPOSED WORK:	

INSPECTION OF CONSTRUCTION TO BE DONE BY: <u>OSF Approved Chapter 1 Inspector</u>
Contact Information: <i>(Name, firm, email, and phone)</i>

If this waiver is granted, the School District hereby agrees and assumes:

- *To accept all responsibility concerning adherence in the design and final completion of the project to applicable codes, laws, and regulations, including all health, safety, fire, laws and the SC Building Code.*
- *Responsibility for ensuring that any materials utilized meet any applicable building code requirements.*
- *To ascertain that the work complies with applicable codes when professional services are not used.*
- *Exemption from OSF required review shall not be deemed to grant authorization for any work to be done in any manner in violation of the provisions of current building codes, laws, and regulations.*
- *This project would still be subject to meeting all relevant building codes (i.e. Chapter 33 – Safeguards During Construction), fire code, and ICC A117.1 accessibility requirements.*

District Superintendent

_____	_____	Date _____
<i>(Print Name)</i>	<i>(Signature)</i>	

Director, Office of School Facilities

_____	_____	Date _____
<i>(Print Name)</i>	<i>(Signature)</i>	

Submit a copy of this form to Director, Office of School Facilities at SchoolFacilities@ed.sc.gov