

**Delegated Project**  
**Request for Selection of Designer, FP&C Louisiana Building Code for State**  
**Owned Buildings and FP&C Roofing Review**

Project Number:  
Project Name:

Agency Name:  
Agency Address:

Project Location:  
Site Code:  
Building ID:

Agency Contact:  
Email:

**To be completed by the Agency**

**The following information is attached and the Agency requests:**

- ☐ That FP&C submit the subject project for La Building Code Review and FP&C Roofing Review (as applicable)
- ☐ That FP&C place the subject project on the next available agenda of the appropriate Designer Selection Board

**CHECK BOX AS APPLICABLE (THE FOLLOWING REQUIRE ATTACHMENTS):**

- ☐ Final Construction Documents (Plans and Specifications) (Digital submittal is **Required**)
- ☐ Program Form (Digital submittal is Required)

**COMPLETE THE FORM BELOW FOR CODE AND ROOFING REVIEW ONLY:**

Project Name: \_\_\_\_\_

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

Campus: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Construction Documents Date of Issuance: \_\_\_\_\_

Construction Area (sq.ft.): \_\_\_\_\_ Total Valuation: \$ \_\_\_\_\_ ☐ New ☐ Remodel ☐ Addition

Agency Point of Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Architect/Engineer of Record Contact Information:** \_\_\_\_\_

Architect/Engineer of Record: \_\_\_\_\_

Registration/License Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Agency:** \_\_\_\_\_  
(Agency Signature\*)

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

**\*Agency Signature certifies that all provisions of the CEA have been met.**

\_\_\_\_\_  
(Type or Print Name)

Remit to: **FPC-CEA @la.gov**