

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

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

*(Type or Print Name)*