



Fabricator Letter of Intent

Project: _____ Permit Number: _____

Project Address: _____

Owner/Owner's Representative: _____

Owner Address: _____

Fabricator Business Name: _____

Fabricator Address/Phone Number: _____

NOTE: This Letter of Intent from the Fabricator is submitted to the Building Official to attest to being retained by the Owner/Owner's Representative as the Fabricator of Record for the above referenced project only.

Indicate type of fabricator below:

Steel Fabricator *(see attached fabricator qualifications / credentials matrix)*

Concrete Fabricator *(provide documentation verifying certification / accreditation from APA, PCI, NPCA, CCI, or equivalent to be considered for approval)*

Fabricator must choose one of the options below for Building Official review and consideration:

Option 1 – Any Fabricator **may** choose to provide documentation demonstrating proof of qualifications and credentials through options listed in the attached Fabricator Qualifications / Credentials Matrix to a participating jurisdiction for review and consideration of accredited status to perform fabrication on this project by the Building Official.

Option 2 – Any Fabricator may choose to remain in a non-accredited status. If Option 2 is selected; in-house/shop special inspection is required to be performed by an approved third party Special Inspection Agency or individual. Please submit a Statement of Special Inspections from the third party Special Inspection Agency or individual retained to perform special inspection services for review and consideration of approval to perform fabrication on this project by the Building Official.

Fabricators must receive written approval from the participating jurisdiction Building Official prior to any work being commenced on the project fabrication/assembly.

At completion of Fabrication, a certificate of compliance must be submitted to the Building Official stating that the work was performed in accordance with the approved construction documents.

Fabricator of Record:

Type or print name

Signature

Date

Owner/Owner's Representative:

Type or print name

Signature

Date

Staff Use Only:

Building Official Determination Specific to Project No.: _____

Fabricator request meets the criteria for approval: YES NO - refer to denial letter

Conditions of approval / denial: _____

By: _____ Title: _____ Date: _____