

STATE OF INDIANA

ADMINISTRATIVE BUILDING COUNCIL

300 GRAPHIC ARTS BUILDING
215 NORTH SENATE AVENUE



INDIANAPOLIS, 46204

PHONE (317) 633-5433

CERTIFICATE OF COMPLIANCE

NOTE: See other side of this sheet for filing instructions. (Failure to supply required fee, information, and documents, will result in delay of release for construction.)

A. Date Sept. 13 1970

B. Location of Project Lagrange Lagrange Inside City
Town or City Outside City

C. Describe in detail use of the facility Church Classrooms for K. New or Addition
Sunday classes Remodel

D. Fire Zone 1, 2, 3 (Check with local Fire Dept.) L. No. of Plans Filed _____ Specs

E. No. of Floors 1 M. Plans Enclosed _____ to Follow

F. Square Feet per Floor 4575 N. Plans previously Filed on _____

G. Total Square Feet per Building 4575 O. Previous A.B.C. File No. _____

H. Number of Buildings 1 P. Plan Examination Fee _____

I. Total Square Feet in Project 4575 Q. Partial Filing _____

J. Construction Cost \$55,000 R. Late Filing _____

S. Master Plan or Modular # _____

T. I, the owner of the above project hereby certify that the description of the use of the facility is correct and that I also say that I will file for a change of occupancy for approval if and when the building is no longer used for the above described use and, that this project will be in compliance with Indiana Building Rules and Regulations prior to occupancy.

X Owner's Name Church of Christ Signature Dean Haggard (Trustee)
Address 210 W. Mich. St. Lagrange, Ind Phone No. 463-3318
Street and Number City Zip

U. I hereby certify to the best of my knowledge and belief: (For Certification Requirement see reverse side of this sheet.)

That these plans and specifications for this project are in compliance with the State Building Rules and Regulations, local ordinances and such other provisions pertaining to this class of work.

The calculations, designs, reproducible drawings, masters and original specifications included in these plans and specifications are under my dominion and control and that they were created by me and my employees.



Signature David M Snyder
Typed Name David M Snyder

Eng. Indiana Registration No. 0175
209 Central Bldg Phone No. 463-7139
 Ft. Wayne, Ind

V. I will perform reasonable and periodic inspection of this project during construction to determine that such construction is in accordance with the plans and specifications for this project as released for construction by the State Building Council.



Signature David M Snyder
Typed Name David M Snyder

Eng. Indiana Registration No. 0175
209 Central Bldg Phone No. 463-7139
 Ft. Wayne, Ind

Please do not write in this space

Plan Filing Fee \$ _____
Date _____ By _____
Project Number _____
Microfilm Number _____
To SBH on _____ To SFM _____
Building Classification _____
Released on _____ By _____
Letter on _____ By _____
Copies to _____
Extra plans to _____
Mailed _____ Picked up _____
Addenda Rcvd. on _____

COMMENTS