



Facility Project Status Report

To qualify for loans for renovation or for construction from the Fire and Emergency Medical Services Loan Fund Law, (Act 91 of 2020), applicants must obtain necessary approvals from local and state agencies and/or meet other statutory requirements.

Please complete this form to apprise OSFC of your status. Please submit this form to:

Office of the State Fire Commissioner
Attn: Fire and Emergency Medical Services Loan Program
1310 Elmerton Avenue
Harrisburg, PA 17110
(717) 651-2200 or 800-670-3473

Name of Organization/Company

Address

Municipality

1. Did/Does the construction comply with zoning requirements?

Yes No Date _____

If not, was approval obtained from the zoning board?

Yes No Date _____

2. Did/are the plans and specifications approved by local building officials?

Yes No

Was a building permit issued? Yes No

Date Approved _____ Permit Number _____

If not, state reason why _____

3. Were the plans approved by the Department of Labor and Industry?

Yes No

If not, state reason why _____

4. If public sewer is not available and private sewer is to be used, was approval obtained from appropriate authorities?

Yes No

5. Were other governmental approvals necessary?

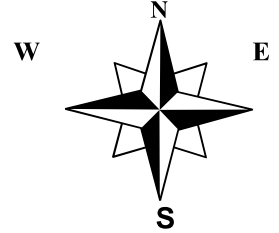
Yes No

If yes, please state what they were _____



Site Information Form

Using the space below, draw a general outline of all significant buildings, existing and proposed, and indicate access to main route of travel.



Organization Representative Signature

Title

Date

Organization/Company Name



Contractors Confirmation Form

Name of organization/Company

I have reviewed all contracts and/or invoices to arrive at the total listed below. All necessary documents have been attached to substantiate this total.

Total Cost for The Design, Planning, Preparation of Applications, Or Any Other Costs Not Directly Attributable To The Actual Construction Of The Facility Project: \$_____

_____ **Please use Formula "A"**. We have kept the costs for the bay and equipment storage areas separate from the meeting halls; social rooms; lounges; cloakrooms; bunkrooms; bathrooms; kitchens and any other part of the facility not directly related to firefighting or the furnishing of ambulance or rescue services and have attached the required substantiation.

Total Project Cost \$_____ Bay/Equip Storage Area Cost \$_____

_____ **Please use Formula "B"**. We have not kept the costs for the bay/equipment storage areas separate, and the eligible amount will have to be determined by you on a square foot basis obtained from the blueprints.

Total Project Cost \$_____ Square Footage Cost \$_____

I can be reached at (_____) _____ if you have any questions.
Contact Number

Print Name of Contractor

Print Name/Title of Contractor's Representative

Signature of Authorized Contractor's Representative

Date