Building Code Administration
Form BCAD 001 – REV 010521

BROWARD® COLLEGE

PROJECT START-UP

BCAD OFFICE USE ONLY	INSTRUCTIONS:
CGA File No. Date Rcvd:	**COLLEGE PROJECT MANAGERS to fill-out and submit** this form to: **ningersoll@cgasolutions.com** with any new Building Code Administration (BCAD) services for project start-up. For further assistance call **954.766.2717**

BC Project #:	**Project Name:**

COST CENTER: ☐ **EXISTING PO: Enter BCAD PO#**:_____   ☐ **NEW PO** (Request Cost)

1. **BC Proj. Mgr:** | Mobile: | Email:

2. Campus: ☐ North ☐ Central ☐ South ☐ DTC ☐ Cypress ☐ Coral Springs ☐ Miramar ☐ Other:

3. Proposed Work: ☐ New ☐ Addition ☐ Alter ☐ Maint. ☐ Demolition ☐ Other

Scope of Work: _____

4. **Est. Cost $**	**Est. Sq Ft.**

5. Contracting Firm:		or ☐ TBD
Contact:	Phone:	Email:

6. Architect / Engineer:		or ☐ TBD
Contact:	Phone:	Email:

7. Project Distribution List: (Include names/email addresses for any parties to be included in addition to the emails provided above):

Add additional sheets as necessary