



**City of Seattle**  
**Department of Finance and Administrative Services**  
**ADA Compliance Team**  
700 5<sup>th</sup> AVE, Suite 4112, PO Box 94687  
Seattle, WA 98124-4687

**A – Planning/Scoping Determination Request**

**ACT #:** \_\_\_\_\_

**APPLICANT SHALL FILL IN SECTION BELOW**

**Project Name:** \_\_\_\_\_ **DEPT #:** \_\_\_\_\_

**City Department:** \_\_\_\_\_

**Project Contact:** \_\_\_\_\_

**Contact Email:** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Project Address/Location:** \_\_\_\_\_

**Project Description:**

**ACT USE ONLY BELOW THIS LINE**

☐ The project scope has been reviewed to determine potential ADA impact.

☐ City of Seattle ADA Design Guidance has been provided.

Does this project contain potential ADA scope?

☐ **No** Further ACT review will not be required. (Should the project scope change from that which was discussed, the project manager shall notify ACT for further ADA compliance review.)

Explanation:



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☐ **Yes** Further review is required. Based on the scope described the project must go through the following review steps:

☐ B – Preliminary Review

☐ C – Circulation Review

☐ D – Permit Review

☐ E – Spec Review

☐ F – Construction Inspections. *If required, the ACT inspection can be accomplished by a Third Party Inspector hired by the project. Any inspection reports must be submitted to the ACT for review and concurrence.*

☐ G – Closeout Inspections

\_\_\_\_\_  
ACT Reviewer – Printed Name

\_\_\_\_\_  
ACT Reviewer – Signature

\_\_\_\_\_  
Date