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

1 –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 Early 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 notifies ACT for further ADA compliance review.)
Explanation:

☐ ***Yes*** Further review is required. The project manager will schedule a review meeting with the ACT and the project design team once design documents are available.
Explanation:

ACT Reviewer – Printed Name	ACT Reviewer – Signature	Date