			RECEIVE	D
			OCT 1 3 2016	
	•		Office of the Spea	
EV.			rrier-free Com	
	MLA Name Leo			
House of Assembly Nova Scotia	Street 694	Moin ST		ston
	Municipality	ngs	Postal Code _	BOPIRO
MY OFFICE IS BARRIER-FREE				
I certify my constituency o Management Commission F		e requirements as outlin	ied in the House of Asse	embly Management
MLA Signature		Submission Date		
MY CONSTITUENCY OFF	ICE IS NOT BARRIER-FF	łEE		
I confirm that my constituer to occupy the non-complian below my plan to render the	it space only on a month-t	o-month basis for a max	imum of 12 months and	that I must set out
My office is not barrier-free for the following reasons:				
Bathroom Alterations				
I kg door opening pressure				
I intend to do the following to remedy the non-compliant reasons listed above:				
Building	landlord	will make	the nec	estary
Changes within 12 months, Que to venting				
problems in the building I may have to				
more ANA	new spi	ace will k	e fully ba	mertar.
MLA Signature	Dellom	Submission Da	ate October	r 12/16
Review Director of Administration	Date OCT 1	3 2016 Approved The I	Honoutable The Speaker	Date 04-13/14.
Barrier- free Check List	Mastine Orace and		116 1.	
ParkingPaved Lot	 Braille signs 	general accessibility	 Washrooms Raised toile 	et
One van-accessible space with planage	 Sized and spaced f 	*	Accessible	sink
with signage Barrier Free approach	 Audible and visible Doors and entrance 	alarms	 Sized and s for accessi 	

- · Curb cut
- Ramp
- Sidewalk

- · Level threshold (may include ramp or elevator)
- · Sized and spaced for accessibility
- · 2 kg door opening pressure or power door
- Grab bars
- Appropriate dispensers
- · Installed at correct height
- Braille signs

A more detailed checklist is available on the Members Only site at nslegislature.ca/index.php/login Rev 17Dec2015