

INCORPORATED VILLAGE OF NORTH HILLS

One Shelter Rock Road, North Hills, NY 11576 • Tel. (516) 627-3690 • Fax (516) 627-0703

Certification of Licensed Professional Who Periodically Inspected Construction

Sec. _____ Block _____ Lot _____ Date _____ Application # _____

Address _____

I, _____ hereby make the following confirmation:
(Name of Supervising Architect/ Engineer)

I have examined the approved plans of the structure for which a Certificate of Occupancy is sought. I have assumed full responsibility for inspection of the construction work under the above application, and do hereby certify compliance with the approved plans and with all the applicable provisions of the Building Codes and Code Ordinances.

I personally, or qualified personnel under my direct supervision and control, have periodically inspected all phases of construction at the work site, and certify that the structure as erected conforms to approved plans and provisions of the Building Codes and Code Ordinances, except insofar as variations therefrom have been legally authorized as specified below.

(Signature of Supervising Architect/Engineer)

Sworn to before me this

_____ day of _____ 20 _____

(Notary Signature)

(Seal of Supervising
Architect/Engineer)

(Notary Stamp)