



CONSTRUCTION CERTIFICATION FORM

Development Name: _____

Development Location: _____

The undersigned Architect/Engineer, General Contractor, and Ownership Entity for the above referenced development, hereby certify to the following:

1. The Drawings and Description of Materials or Physical Needs Assessment submitted with the application are in compliance with the Corporation’s Design Quality Standards outlined in the 2017 Qualified Allocation Plan.
2. The proposed construction/rehabilitation and the plans will meet the applicable building code and permitting requirements of the local jurisdiction.
3. The site development will meet all federal, state, and local requirements.
4. The design will meet all applicable permit requirements of the local, state, and federal jurisdictions.

ARCHITECT/ENGINEER ACKNOWLEDGMENT

(Architect/Engineer Firm)

By: _____
(Signature)

Date: _____

Its: _____

License #: _____

WITNESS OF SIGNATURE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

Signature of Notary Public

Commission Expiration Date

GENERAL CONTRACTOR ACKNOWLEDGMENT

(General Contractor Company)

By: _____
(Signature)

Date: _____

Its: _____

License #: _____

WITNESS OF SIGNATURE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

Signature of Notary Public

Commission Expiration Date

OWNERSHIP ENTITY ACKNOWLEDGMENT

(Principal Member of Ownership Entity)

By: _____
(Signature)

Date: _____

Its: _____

WITNESS OF SIGNATURE

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____ proved to me through satisfactory evidence of identification to be the person whose name is signed above in my presence.

Signature of Notary Public

Commission Expiration Date