



DEVELOPMENT SERVICES
DEPARTMENT

Self-Certification Program Owner/Tenant Certification Statement

This Statement must be signed by the Owner or the Authorized Tenant responsible for the project work. PLEASE PRINT LEGIBLY.

Project Number: _____

Project Address: _____

I have authorized all professionals named on the attached plans and application by the applicant {and consultant(s) if any} named herein. I agree to take the necessary measures to correct any misrepresentation or falsification of facts made knowingly or negligently by my agents, contractors, employees, or me. I understand that the Self-Certified project is being approved for a building permit subject to audit and/or field inspection by the Department. I agree to take any remedial measures, disclosed by the Development Services Department and/or applicant, licensed professionals or subcontractors named herein, that are necessary to bring the attached plans and any completed construction into conformity with all applicable provisions of the City of Leeds Building Construction Codes and other related state and federal laws and regulations.

BY OWNER / TENANT

(Insert Name of Corporation, Individual or Other Legal Entity, as applicable)

Signed

Print Name

Title

Address

Phone Number

_____, 20 ____

OWNER/TENANT CERTIFICATION

I, _____, being the person referred to as the owner identified below, do solemnly swear that the statements made herein are strictly true and correct and made in good faith.

Signature of Owner/Project Supervisor

STATE OF ALABAMA
COUNTY OF

_____ s.s. _____ 20_____. Then personally appear the above named _____ and made an oath that the above statement is true.

Before me,

Notary Public