



DEVELOPMENT SERVICES
DEPARTMENT

Self-Certification Program Professional of Record Statement

PLEASE PRINT LEGIBLY

Professional of Record: _____ Self-Certification Number: _____

Permit Number: _____ Project Address: _____

I hereby certify the following: I have read the Professional of Record Statement portion of the Self-Certification Rules and Regulations. I certify the information contained therein which includes but is not limited to:

- The assertions made on the Permit Application are true and correct.
- The attached application and each page of the plans that I have stamped was personally prepared or reviewed by me and submitted herewith is complete and in accordance with all applicable provisions of the City of Leeds Building Construction Codes and any applicable state or federal laws, as of this date.
- I have exercised a professional standard of care in the preparation, completion and submission of these documents and am aware that the Building Official of the City of Leeds will rely upon the truth and accuracy of this statement as the basis for issuance of a building permit. If it is determined by the Development Services Department (DSD) that the submitted plans do not conform to all such laws, I agree to immediately take all remedial measures within my control, to meet DSD's requirements.
- If I become aware of any false or inaccurate statements made in any document provided to DSD, whether such misrepresentations are made by agents, my employee or by me, I will immediately take all necessary measures to correct such statements. I realize that failure to take any such corrective action may result in termination of my participation in the DSD Self-Certification Program and notification to the Alabama Board of Architects and/or Professional Engineers and Land Surveyors and or the appropriate State Board.

ARCHITECT STRUCTURAL ENGINEER LANDSCAPE ARCHITECT CIVIL ENGINEER

State Certification

Certification # _____

Affix Seal

Signature: _____

Here

Printed Name: _____

Address: _____

Dated: _____

PLEASE PRINT LEGIBLY

DESIGN TEAM

I hereby certify the following information:

- Each page of the plans that I have stamped was personally prepared or reviewed by me and submitted herewith is complete and in accordance with all applicable provisions of the City of Leeds Building Construction Codes and any applicable state or federal laws, as of this date.
- I have exercised a professional standard of care in the preparation, completion and submission of these documents and am aware that the Building Official of the City of Leeds will rely upon the truth and accuracy of this statement as the basis for issuance of a building permit. If it is determined by DSD that the submitted plans do not conform to all such laws, I agree to immediately take all remedial measures within my control, to meet DSD's requirements.
- If I become aware of any false or inaccurate statements made in any document provided to DSD, whether such misrepresentations are made by agents, my employee or by me, I will immediately take all necessary measures to correct such statements.

ARCHITECT

Signature: _____

Printed Name: _____

Address: _____

Dated: _____

Affix Seal
Here

STRUCTURAL ENGINEER

Signature: _____

Printed Name: _____

Address: _____

Dated: _____

Affix Seal
Here

ELECTRICAL ENGINEER

Signature: _____

Printed Name: _____

Address: _____

Dated: _____

Affix Seal
Here

PLUMBING/MECHANICAL ENGINEER

Signature: _____

Printed Name: _____

Address: _____

Dated: _____

Affix Seal
Here

PLEASE PRINT LEGIBLY

CIVIL ENGINEER

Signature: _____

Printed Name: _____

Address: _____

Dated: _____

Affix Seal
Here

LANDSCAPE ARCHITECT

Signature: _____

Printed Name: _____

Address: _____

Dated: _____

Affix Seal
Here

STATE CERTIFICATION

Certification # _____

Signature: _____

Printed Name: _____

Address: _____

Dated: _____

PROFESSIONAL OF RECORD CERTIFICATION

PLEASE COPY THIS PAGE AS NEEDED FOR EACH INDIVIDUAL SIGNATURE.

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