|  |  |
| --- | --- |
|  | Street Address, City, ST ZIP Code  Telephone  Email |

DAY | DATE | PLACE

I hereby affirm, to the best of my knowledge and belief, based on inspections, observations, testing of the [PROJECT] and upon reports submitted by others, that this [Project Name] is substantially complete and operable. The [PROJECT] was completed in accordance with the department’s issued [DETAILS] permit.

### CONTRACTOR INFORMATION

[Name]

[Company Name]

[Street Address] [City, ST ZIP Code] Phone [phone] [email]

### PROJECT NAME

Write project name here. Add further details

### PROJECT DESCRIPTION

This space is provided to write project description.

### **Project begin date:**

### **Substantial completion date:**

### **Physical completion date:**

**Completion date**

[Type the closing]

**Your Name Here,**

Sender Title, Company

|  |  |
| --- | --- |
| Certified by  [INCLUDE STAMP | Date |