



CITY OF SEMINOLE

Achieving Service Through Dedication

ARCHITECT / ENGINEER PLUMBING CERTIFICATION

ARCHITECT / ENGINEER CERTIFICATE OF INSPECTION/EVALUATION

Date _____

Permit # _____

Project Name _____

Project Address _____

I, _____, Architect Engineer, registered in the State of Florida, under Registration Number _____, do hereby certify that all work as stated below has been completed in accordance with the approved plans and specifications and the applicable Florida Building Code as amended by the City of Seminole Building Division.

Specifically describe the portion(s) of the construction or individual items inspected and certified below *(Text will wrap)*:

Signature _____

Corporate or Firm Name _____

SEAL