



# CITY OF SEMINOLE

*Achieving Service Through Dedication*

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## ARCHITECT / ENGINEER MECHANICAL 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