

**CITY OF PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT
AS BUILT SURVEY CERTIFICATION**

CONTRACTOR'S CERTIFICATION

INFORMATION PROVIDED BY:

Name: _____
Address: _____
Phone #: _____

I HEREBY CERTIFY THAT THE MATERIALS AND QUANTITIES USED IN THE CONSTRUCTION OF...

_____ Pavement	_____ Water Main
_____ Storm & Drainage System	_____ Reclaimed Water Main
_____ Lake or Pond	_____ Force Main
_____ Sanitary Gravity System	_____ Lift Station

ARE IN ACCORDANCE WITH THE APPROVED PLANS AND CITY SPECIFICATIONS. THE AS BUILT SURVEY IS COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

UNDERGROUND UTILITY CONTRACTOR'S SIGNATURE & DATE: _____
NAME: _____
FLORIDA LICENSE NO: _____

SURVEYOR'S AS-BUILT CERTIFICATION

INFORMATION PROVIDED BY:

Name: _____
Address: _____
Phone #: _____

I HEREBY CERTIFY THAT THE ...

_____ Pavement	_____ Water Main
_____ Storm & Drainage System	_____ Reclaimed Water Main
_____ Lake or Pond	_____ Force Main
_____ Sanitary Gravity System	_____ Lift Station

ARE AT THE HORIZONTAL AND VERTICAL LOCATIONS AS SHOWN ON THE "AS-BUILT" SURVEY AND MEET THE TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS, PURSUANT TO CHAPTER 472 OF FLORIDA STATUTES AND CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE.

SIGNATURE & DATE: _____
NAME: _____
FLORIDA LICENSE NO: _____

ENGINEER'S CERTIFICATION

INFORMATION PROVIDED BY:

Name: _____
Address: _____
Phone #: _____

PURSUANT TO CHAPTER 471 OF FLORIDA STATUTES AND CHAPTER 61G15-23, FLORIDA ADMINISTRATIVE CODE OF THE FLORIDA BOARD OF PROFESSIONAL ENGINEERS, I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, BASED ON OBSERVATIONS DURING CONSTRUCTION, MY ASSESSEMENT OF THE COMPLETED WORK AND REVIEW OF THE "AS-BUILT" SURVEY, THE PROJECT INCLUDING...

_____ Pavement	_____ Water Main
_____ Storm & Drainage System	_____ Reclaimed Water Main
_____ Lake or Pond	_____ Force Main
_____ Sanitary Gravity System	_____ Lift Station

WAS COMPLETED BY THE CONTRACTOR IN ACCORDANCE WITH THE INTENT OF THE PERMITS, APPROVED PLANS AND SPECIFICATIONS.

SIGNATURE & DATE: _____
NAME: _____
FLORIDA LICENSE NO: _____