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| Company Name  Work completion  Date  Time  Location  Address, City, ST ZIP Code  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:  |  |  | | --- | --- | | Certified by  [INCLUDE STAMP] | Date | |