Certification of Plans for EPlans

Applicants: Please include a *Certification Form* for each architect and/or engineer that prepared plans for the referenced project.

Please provide the following	ing informa	tion:				
Analitant/Eurinean Name				Deter		
Architect/Engineer Name:					Date:	
Agency/Firm Name:	Agency/Firm Address (street, city, state & zip):					
Agency/Firm Telephone #:			Agency/Firm Fax #:			
Agency/1 mm receptione #.			Agency/I IIII I dx II.			
Project #: Project Nam			ne:			
Mark the applicable box:						
I hereby certify that I am an architect registered in the State of New Jersey.						
I hereby certify that I am an engineer licensed in the State of New Jersey.						
Thereby certify that I am an engineer needsed in the state of fiew sersey.						
			I certify that our office prepared the drawings for (circle the			
			appropriate item/s):			
License #:				~		
			ding trical			
E : .: D .			ator			
Expiration Date:			Site HVAC/Engineering			
				-		
			Plans are to be submitted to the Bureau of Construction Project Review electronically.			
		Proje	ect Revie	ew electronically.		
Signature:						
						
Affix Seal here:						