

CERTIFICATION OF COMPLIANCE

WITH THE FOLLOWING:

- "FLORIDA AMERICANS WITH DISABILITIES ACCESSIBILITY IMPLEMENTATION ACT"
AS CITED IN CHAPTER 553, PART II - FLORIDA STATUTES.
- TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968 (THE FAIR HOUSING ACT)

By this instrument, I hereby certify that, to the best of my knowledge and belief, the following described project complies with the Florida Americans With Disabilities Accessibility Implementation Act.

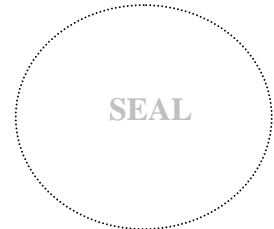
Project Name: _____

Project Address: _____

I further swear and affirm that the plans and specifications submitted for review conform to applicable sections of this code as they apply to this project.

Signed, sealed and delivered this _____ day of _____, 20__.

Architect/Engineer



State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__ by _____ who is _____ personally known or who has _____ produced identification. Type identification produced:

_____.

Official Signature of Notary Public

Notary's Name, Typed, Printed or Stamped

Notary Seal: