

**CITY OF PORT ST. LUCIE UTILITY SYSTEMS DEPARTMENT  
COMPLETION CERTIFICATION  
APPENDIX E**

**ENGINEER'S CERTIFICATION**

INFORMATION PROVIDED BY: \_\_\_\_\_  
Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_

IN ACCORDANCE WITH CHAPTER 471 OF FLORIDA STATUTES AND CHAPTER 61G15-23 OF THE FLORIDA BOARD OF PROFESSIONAL ENGINEERS, I HEREBY CERTIFY THAT THE ...

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

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

SIGNATURE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
FLORIDA PROFESSIONAL ENGINEER 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 THESE "AS-BUILT" DRAWINGS AND MEET THE MINIMAL TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYOR'S AND MAPPERS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472 OF FLORIDA STATUTES.

DATE OF FIELD SURVEY: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
FLORIDA REG. LAND SURVEYOR'S NO.: \_\_\_\_\_

**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, UNLESS OTHERWISE APPROVED BY THE REGULATORY AGENCY.

\_\_\_\_\_  
Contractor's Signature and Date

\_\_\_\_\_  
Contractor's State Utilities License Number