

Self-Certification Program Professional of Record Statement

Professional of Record: Self-Certification Number: Project Number: Project Address: I hereby certify the following: I have read the Professional of Record Statement portion of the Self-Certification Rules and Regulations. I certify the information contained therein which includes but is not limited to: The assertions made on the Permit Application are true and correct. The attached application and each page of the plans that I have stamped was personally prepared or reviewed by me and submitted herewith is complete and in accordance with all applicable provisions of the City of North Las Vegas codes, ordinances, and standards as well as any applicable state or federal laws, as of this date. I have exercised a professional standard of care in the preparation, completion and submission of these documents and am aware that the City of North Las Vegas will rely upon the truth and accuracy of this statement as the basis for issuance of a building permit. If it is determined that the submitted plans do not conform to all such laws, I agree to immediately take all remedial measures to meet adopted requirements. If I become aware of any false or inaccurate statements made in any document provided to the City of North Las Vegas, whether such misrepresentations are made by agents, my employee or by me, I will immediately take all necessary measures to correct such statements. I realize that failure to take any such corrective action may result in termination of my participation in the Self-Certification Program. ☐ ARCHITECT ☐ STRUCTURAL ENGINEER ☐ FIRE PROTECTION ENGINEER ☐ CIVIL **ENGINEER** Signature: Printed Name:

> Affix Seal Here

Address:

Dated:

DESIGN TEAM

I hereby certify the following information:

- Each page of the plans that I have stamped was personally prepared or reviewed by me and submitted herewith is complete and in accordance with all applicable provisions of the City of North Las Vegas codes, ordinances, and standards as well as any applicable state or federal laws, as of this date.
- I have exercised a professional standard of care in the preparation, completion and submission of these
 documents and am aware that the City of North Las Vegas will rely upon the truth and accuracy of this
 statement as the basis for issuance of a permit. It if is determined by the City of North Las Vegas that the
 submitted plans do not conform to all such laws, I agree to immediately take all remedial measures to meet all
 requirements.
- If I become aware of any false or inaccurate statements made in any document provided to the City of North Las Vegas, whether such misrepresentations are made by agents, my employee or by me, I will immediately take all necessary measures to correct such statements.

ARCHITECT	STRUCTURAL ENGINEER
Signature:	Signature:
Printed Name:	Printed Name:
Address:	Address:
Dated:	Dated:
Affix Seal Here	Affix Seal Here
ELECTRICAL ENGINEER	PLUMBING/MECHANICAL ENGINEER
Signature:	Signature:
Printed Name:	Printed Name:
Address:	Address:
Dated:	Dated:
Affix Seal Here	Affix Seal Here

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<u>CIVIL ENGINEER</u>	FIRE PROTECTION ENGINEER
Signature:	Signature:
Printed Name:	Printed Name:
Address:	Address:
Dated:	Dated:

Affix Seal

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