

## PLAN CERTIFICATION

(Property Name/Applicants Name and Case Number)	
(Property Address)	(City)
(County)	(State)

BUILDING TYPE:  Single Family  Multi-Family  
PLANS:  Original  Modifications

I, \_\_\_\_\_ being a \_\_\_\_\_  
*(type or print)* *(licensed architect, engineer, or authorized building official, etc.)*  
in the State of \_\_\_\_\_, hereby certify that I have reviewed:

- the plans and specifications dated \_\_\_\_\_ prepared by \_\_\_\_\_  
*(name of firm or individual)*  
for the above property
- the thermal performance plans, specifications and calculations dated \_\_\_\_\_  
prepared by \_\_\_\_\_ for the above property  
*(name of firm or individual)*
- the seismic design (plans and specifications) dated \_\_\_\_\_ prepared by \_\_\_\_\_  
\_\_\_\_\_ for the above property  
*(name of firm or individual)*
- modifications listed below, that have been clearly indicated on the drawings and specifications  
dated \_\_\_\_\_ prepared by \_\_\_\_\_ and certified by \_\_\_\_\_  
*(name of firm or individual)*  
\_\_\_\_\_ and related to the above property  
*(name of firm or individual)*

### MODIFICATIONS

Based upon this review, to the best of my/our knowledge, information, and belief, these documents comply with the:

\_\_\_\_\_ and  
(name and edition of the applicable development standard)

\_\_\_\_\_ and  
(name and edition of the applicable energy standards/requirements in accordance with RD Instruction 1924-A, Exhibit D)

designated as the applicable Rural Development or Farm Service Agency development standards for this project.

I understand the purpose of this certification is to induce United States Government to finance the construction of the above project and plan. I further understand that false certification constitutes a violation of 18 U.S.C. Section 1001 punishable by fine and/or imprisonment and, in addition, may result in debarment from participating in future government programs.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
(Professional Registration No.)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Expiration Date if applicable)

\_\_\_\_\_  
(Area Code + Telephone Number)