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| **Design Architect’s Certification**  Section 232 | **U.S. Department of Housing**  **and Urban Development**  Office of Residential  Care Facilities | |  | | --- | | OMB Approval No. 2502-0605  (exp. 03/31/2018) | |

**Public reporting** burden for this collection of information is estimated to average 0.5 hours. This includes the time for collecting, reviewing, and reporting the data. The information is being collected to obtain the supportive documentation which must be submitted to HUD for approval, and is necessary to ensure that viable projects are developed and maintained. The Department will use this information to determine if properties meet HUD requirements with respect to development, operation and/or asset management, as well as ensuring the continued marketability of the properties. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

**Warning:** Any person who knowingly presents a false, fictitious, or fraudulent statement or claim in a matter within the jurisdiction of the U.S. Department of Housing and Urban Development is subject to criminal penalties, civil liability, and administrative sanctions

To: U.S. Department of Housing and Urban Development (HUD)

Re: Project Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Borrower:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, belief and professional judgment, I hereby certify that the proposed construction/substantial rehabilitation when constructed in accordance with the working drawings and specifications, which we prepared for the subject Project:

1. will be consistent with HUD approved permits, drawings and specifications submitted to the local and/or State jurisdiction and such construction/substantial rehabilitation will be permissible under the applicable zoning, building, housing, and other codes, ordinances and/or regulations, as modified by any and all waivers obtained from appropriate officials;
2. incorporates foundation designs that reflect site soils limitations and design recommendations included in the foundation soils report as specified in the geotechnical report;
3. complies with the HUD Minimum Property Standards; all applicable accessibility laws for persons with disabilities, including the Fair Housing Act, 42 U.S.C. §§ 3601-19; Section 504 of the Rehabilitation Act of 1973; and the Americans with Disabilities Act; including the applicable accessibility requirements (e.g., the Uniform Federal Accessibility Standards (UFAS), ADA Standards, and Fair Housing Accessibility Guidelines);; and all other applicable HUD guidelines and criteria;
4. complies with the applicable State Energy Efficiency Design Code;
5. includes the following Energy Efficient Design considerations (list):

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1. N/A  for Substantial Rehabilitation, all structures in seismic zones 3 and 4 meet three fourths (3/4) of the seismic force level resistance contained in ASCE 41-13, Seismic Evaluation and Retrofit of Existing Buildings, American Society of Civil Engineers, as determined by a registered engineer familiar with lateral force design;
2. N/A  incorporates noise attenuation measures which are sufficient to mitigate interior noise levels to an “Acceptable” level and complies with the recommendations of the Noise Engineer; and
3. Waivers of codes, etc., were obtained as identified below:

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I further certify that the working drawings and specifications submitted to HUD are identical to the approved permit drawings submitted to the local and/or state jurisdictions.

I am licensed by the state in which the captioned Project is located to render services in the design of buildings.

This certification is made, presented and delivered to influence an official action of HUD, and may be relied upon by HUD as a true statement of the facts contained herein.

Design Architect’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_