



BUILDER'S CERTIFICATION

SBA DISASTER LOAN NUMBER:

Disaster Borrower(s) ("Borrower"):

Damaged Property

Address ("Property"):

You must fill in the above fields: Disaster Loan Number, all Disaster Borrower name(s), and the Damaged Property Address to match exactly as contained in your Loan Closing Documentation.

BUILDER'S CERTIFICATION

Pursuant to 13 CFR 123.805

Capitalized terms set forth within this certification shall have the following meaning:

Builder is the person or entity responsible for conducting Disaster-Related Activities and obtaining state and local permits and approvals for the Disaster-Related Activities at the Property. If no such person is retained by Borrower, then Borrower is the Builder.

Disaster-Related Activities are any real property repairs, rehabilitations, replacements, or any associated activities financed in whole or in part by an approved SBA Disaster Loan.

State or Local Requirement is any provision of any state or local law, regulation, ordinance, code, or administrative practice that imposes a requirement to have a permit or imposes another approval requirement as a condition precedent to conducting Disaster-Related Activities, but does not include, for the avoidance of doubt, any substantive underlying requirements that would form the basis of the permit or approval.

BUILDER'S CERTIFICATION:

I, _____, being the duly authorized Builder for the above-referenced property subject to SBA Disaster Loan Number _____, responsible for conducting Disaster-Related Activities at the Property pursuant to 13 CFR 123.800 *et seq.*, hereby certify to the U.S. Small Business Administration as follows:

SBA Form
OMB Control No.:
Expiration Date:



1. Builder is the person or entity responsible for conducting Disaster-Related Activities and obtaining state and local permits and approvals for the Disaster-Related Activities at the Property.
2. A State or Local Requirement is the but-for cause of a delay in Disaster-Related Activities for the Property, and the delay has lasted more than sixty (60) days following the date of the Builder's submission of all applicable complete applications or requests for approval to the applicable State or local authorities to proceed with Disaster-Related Activities. Builder has so far, and will in the future, comply with and adhere to all applicable state and local rules and regulations not preempted under 13 CFR 123.803. Such non-preempted rules and regulations include, but are not limited to, building codes, health and safety requirements, inspection requirements (which may be conducted by local government inspectors or qualified, independent third-party inspectors), and any other processes required to obtain a certificate of occupancy at the completion of Disaster-Related Activities.
3. Builder understands and acknowledges the U.S. Small Business Administration is relying on this certification.
4. Builder and its Authorized Official understands that knowingly making a false statement may result in criminal, civil or administrative sanctions including, but not limited to: (1) fines of up to \$500,000, and imprisonment of up to 5 years or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 3571, and any other applicable criminal laws; (2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729-3733; (3) double damages and civil penalties under the Administrative False Claims Act, 31 U.S.C. 3801-3812; and (4) suspension and/or debarment from all Federal procurement and non-procurement transactions.
5. Builder certifies that the above certifications are true and correct in all material respects.

BUILDER:

NAME: _____

TITLE: _____, Authorized Official of Builder

Address of Principal Place of Business of Builder:

Email Address of Authorized Official: _____

Phone Number of Authorized Official: _____

SBA Form

OMB Control No.:

Expiration Date:



Executed this _____ day of _____, 20____.

PLEASE NOTE: The estimated burden for completing this form is 30 minutes. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Agency Clearance Officer, Records and Information Management Branch, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. **DO NOT SEND COMPLETED FORMS TO OMB.**