

**ARCHITECT'S LETTER OF CERTIFICATION FOR COMPLETED PROJECTS**

(This letter is to be submitted on Architect's letterhead at time of final inspection for all Article 28 Projects eligible for administrative and full reviews.)

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

NYS Department of Health/Office of Health Systems Management  
Division of Health Facility Planning  
Bureau of Architectural and Engineering Review  
433 River Street, 6<sup>th</sup> Floor  
Troy, New York 12180-2299

Re: Project # \_\_\_\_\_  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

To the New York State Department of Health:

This is to certify that under the terms of my contract for the above-named facility to provide services to design, prepare working drawings and specifications, and during construction to make periodic visits to the site and to perform such other required services to familiarize myself with the general progress, quality and conformance of the work, I have ascertained that to the best of my knowledge, information and belief: This facility is built in accordance with plans and specifications which were approved by the New York State Department of Health / Division of Health Facility Planning on \_\_\_\_\_ (date) \_\_\_\_\_ and which were modified by the enclosed Change Orders (attach listing of Change Orders) and, that the completed structure, modified by these aforementioned change orders, is in substantial compliance with the applicable provisions of the State Hospital Code (10 NYCRR), which was in effect at the time this project was approved to start construction and does not deviate from the approved Article 28 project concept. I ascertain that I have read and understood the conditions of Section 710.1 of 10 NYCRR.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Architect or Engineer

\_\_\_\_\_  
Professional New York State License Number

\_\_\_\_\_  
Business Address

cc: Area Office-OHSM

Rev. 8/28/09