



**Center for Health Care Facility Planning, Licensure, and Finance
Bureau of Architecture & Engineering Review
Certificate of Completion of a Time Limited Waiver**

CERTIFICATE OF COMPLETION FOR TIME LIMITED WAIVER

This must be completed and submitted at the completion of all associated work for time limited waivers:

I, _____, A NEW YORK STATE

LICENSED () ARCHITECT
() PROFESSIONAL ENGINEER

have been retained by the owner to make or perform periodic site observation visits and reports of the following:

Waiver Number:
Description:
Applicant:
Address:

To the best of my knowledge, the construction work associated with the plan of correction, as part of the time limited waiver request, has been completed in accordance with the approved drawings, specifications and addenda thereto, insofar as structural, fire, health and life safety are concerned, or shall state any defects to which I am aware of.

Signature of Architect or Engineer

Date _____

Print name of Architect or Engineer

Address:
City:
State:
Zip Code:
Telephone:



Seal