

**ARCHITECT'S OR ENGINEER'S LETTER OF CERTIFICATION FOR INSPECTING EXISTING BUILDINGS**

*(TO BE SUBMITTED ON ARCHITECT'S OR ENGINEER'S LETTERHEAD)*

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: CON # \_\_\_\_\_  
Name: \_\_\_\_\_  
Location: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_

To The New York State Department of Health:

This is to certify that I have been contracted to evaluate the above-named facility for compliance with applicable codes that are in effect at the time this application is being submitted. Based on a review of the drawings and a walk-through of the facility, I have ascertained that to the best of my knowledge, information and belief, this existing building is in substantial compliance with the provisions of the construction sections of the State Hospital Code (10NYCRR).

I also certify that I have read and understood the conditions of Section 710.1 of 10 NYCRR.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Name of Architect or Engineer

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

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