

POST-CONSTRUCTION CERTIFICATION FORM

To be completed by the Certifier and given to the Project co-ordinator

Development Details:

Owner/Development Proponent	(a) Name (b) Address
Land	(a) Real Property Description (b) Address
PDA Development Approval No.

Certifier:

Name:
Company Name:
Profession:
Phone / Fax: /
Email:

I confirm:

- The project co-ordinator and the Company/Entity named above have issued a deed poll in favour of the MEDQ, in accordance with the MEDQ Certification Procedures Manual.

Works/Requirement Certified:

PDA Development condition			Works/Requirement	
No	Condition	Timing	How the condition has been satisfied (reference may be made to drawings, reports etc)	Any non-conformance with the condition

Attachments

1. Plans and reports referred to in the table above and required to be provided in accordance with the Manual; and
2. Certified as-constructed drawings.

Certification:

- I have inspected the completed works or other matters required to be undertaken by the PDA development condition(s) stated in the table above.
- I certify that the works or other matters have been constructed or prepared in accordance with the standards stated in the condition(s).

Signed:

Name:
(please print)

Dated: ____ / ____ / ____