

Private Provider

Form H-1: List of Approved Drawings

Individual drawing pages approved (Use multiple pages if necessary)			
Item #	Sheet #	Rev. #	Date

Project name: _____

Address: _____

Process no.: _____

Permit no.: _____

(List calculations and NOA's separately.)

Private Provider Information:

Company: _____

Duly authorized representative OR

Private Provider (*Building Code Administrator*)

Name: _____ License: _____

Signature: _____ Date: _____

STATE OF _____ /COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this

_____ day of _____, 20____, by _____

Notary: _____ Signature: _____

Personally known or by ID _____

My commission expires: _____ (NOTARY SEAL)

Private Provider (Architect or Engineer):

Name: _____ License #: _____



Seal/Signature/Date