

WASHINGTON COUNTY

Permit Number:	Place Professional Stamp or Seal Here:				
l,					
	d/licensed in the State of Or				
☐ Registered F☐ Supervising☐ Mechanical (☐ Architect☐ Journeyman Plumber			
License/Registration	on number		_		
	☐ Building Structure	☐ Electrical System			
I certify that the	☐ Plumbing	☐ Mechanical System			
of the property loc	cated at (address)				_
is fully compliant v	with all applicable statutes a	and current codes			
employees for an	y and all damages, claims,	mless Washington County, its losses, and expenses arising of forming the inspection of the its	out of or result	ting from the a	
Signature			Date		
* PLEASE A	TTACH NARRATIVE AND OTH	HER SUPPORTING DOCUMENTA	TION TO THIS SH	HEET *	
l,				am the	□ owner □ agent
of the property loo	cated at (address)				
I hereby request th	hat Washington County acc	ept the above certification of			
dated	, as to the	☐ Building Structui☐ Plumbing		ctrical System chanical Syste	
employees for an	y and all damages, claims,	mless Washington County, its losses, and expenses arising of forming the inspection of the its	out of or result	ting from the a	
and is binding on		and consent of any co-owner ex il representative, the personal rough me.			
Signature	gnature		Date		

phone: 503-846-3470 <u>lutbldg@washingtoncountyor.gov</u> *Updated: 5/1/2023*