ARCHITECT / ENGINEER PLAN CERTIFICATION FORM

| I certify that the construction plans for: | |
|---|--|
| Facility Name: | |
| Address (City/Street/County) | |
| Project Name: | |
| | th the Engineers and Architects Regulation Act, rify that these plans meet the regulatory ch it will be licensed and utilized. |
| PLEASE NOTE: Names of facility/proje submitting on all documents. | ect/phase must match what the facility is |
| Planned Start Date: | _Projected End Date: |
| Signature: | Date: |
| Nebraska License #: Engineer | Architect |
| Printed Name: | |
| Email Address: | |