

ADA Compliance Certification

Application Name _____

Block: _____ Lot: _____

File # _____

Based on a field inspection of the required improvements installed within the Right-of-Way
and/or Easement area of _____ for the above referenced project.
(Insert County Road Name and #)

I, _____ Certify that all improvements subject to Americans
(Insert Certifying Engineer's Name)

with Disabilities Act (ADA) Standards have been designed and built in accordance
with the current Federal ADA specifications ensuring barrier free conditions.

Signature

Professional Seal