

CITY OF JACKSONVILLE FORM LDPM-ABS-A

As Built Stamps

(LDPM Volume 1, Section 4.2)

AS BUILT

INFORMATION PROVIDED BY:

Date: _____
Name: _____
Address _____
Phone #: _____

IN ACCORDANCE WITH FLORIDA STATUTES, I HEREBY CERTIFY THAT THE:

_____ Pavement	_____ Water Main
_____ Curb & Gutter	_____ Force Main
_____ Storm & Drainage System	_____ Sanitary Gravity System
_____ Underdrain Connections	_____ Lift Station
_____ Stormwater Management Facility	_____

AS SHOWN ON THESE "AS-BUILT" DRAWINGS SUBSTANTIALLY CONFORM TO THE SITE ENGINEERING PLANS AS DESIGNED AND TO ALL SPECIFICATIONS REQUIRED BY THE LAWS AND REGULATIONS OF THE CITY OF JACKSONVILLE.

SIGNATURE: _____

NAME: _____

FLORIDA REGISTERED
PROFESSIONAL NO: _____

AS BUILT

INFORMATION PROVIDED BY:

Date: _____

Name: _____

Address _____

Phone #: _____

I HEREBY CERTIFY THAT THE:

_____ Pavement	_____ Water Main
_____ Curb & Gutter	_____ Force Main
_____ Storm & Drainage System	_____ Sanitary Gravity System
_____ Underdrain Connections	_____ Lift Station
_____ Stormwater Management Facility	_____

ARE AT THE HORIZONTAL AND VERTICAL LOCATIONS AS SHOWN ON THE "AS-BUILT" DRAWINGS AND MEET THE MINIMAL TECHNICAL STANDARDS SET FORTH BY THE FLORIDA BOARD OF PROFESSIONAL SURVEYORS AND MAPPERS IN CHAPTER 61G17-6, FLORIDA ADMINISTRATIVE CODE, PURSUANT TO SECTION 472.027 FLORIDA STATUTES.

DATE OF FIELD SURVEY: _____

SIGNATURE: _____

NAME: _____

FLORIDA REGISTERED LAND
SURVEYOR AND MAPPER NO: _____

CITY OF JACKSONVILLE
DOCUMENT LDPM-ABS-C

AS BUILT

INFORMATION PROVIDED BY:

Date: _____
Name: _____
Address _____
Phone #: _____

I HEREBY CERTIFY THAT THE MATERIALS AND QUANTITIES USED IN
THE CONSTRUCTION OF:

_____ Pavement	_____ Water Main
_____ Curb & Gutter	_____ Force Main
_____ Storm & Drainage System	_____ Sanitary Gravity System
_____ Underdrain Connections	_____ Lift Station
_____ Stormwater Management Facility	_____

ARE IN ACCORDANCE WITH THE APPROVED PLANS AND CITY
SPECIFICATIONS, UNLESS OTHERWISE APPROVED BY THE DESIGN
PROFESSIONAL.

SIGNATURE: _____

NAME: _____

CONTRACTOR'S
STATE LICENSE NO: _____