## CITY/TOWN/VILLAGE OF:

ADDRESS:

		ATION OF LUMBER USED SUPPORTING PURPOSES	
Date:			
١,	(NAME)	(TITLE – i.e., OWNER, PRESIDER	NT)
certify	that the quality and s	safe working stresses of lumber being supp	lied to:
meets conditi	ons set forth in Amer	ade of the species in accordance with the rican Softwood Lumber Standard (PS20-99	)).
PHONE: E-MAIL:		FAX:	
PROJECT LOCATION:  LUMBER SPECIES:  LUMBER DIMENSIONS: X X X  QUANTITY SUPPLIED:		X	
SIGN	ATURE:		***************************************
OFFICIA DATE R PERMIT			