



COMMUNITY DEVELOPMENT

201 DELAFIELD STREET
WAUKESHA, WISCONSIN 53188-3633
TELEPHONE 262/524-3750 FAX 262/524-3751

Jennifer Andrews, Director

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CERTIFICATE OF SUPERVISION

Premise address _____

I hereby certify that I am a Registered Architect, Registered Professional Engineer, or Designer of Engineering Systems, in accordance with Chapter 443 of the current Wisconsin Statutes.

I further certify that I have been retained as the supervising professional for the performance of the supervision of reasonable on-the-site observations to determine if the construction is in substantial compliance with the approved plans and specifications as required by Section SPS 361.40 of the Wisconsin Administrative Code and the City of Waukesha Code of Ordinances. Upon completion of construction, I will file a Certificate of Compliance with the City of Waukesha certifying that, to the best of my knowledge and belief, construction has or has not been performed in substantial compliance with the approved plans and specifications. In the event that I am no longer associated with this project I will file a Certificate of Compliance notifying the City of Waukesha as such and indicating the current status of compliance.

This certificate is for supervision of:

- Building or structural design
- Heating, ventilating and air conditioning design
- Energy conservation design
- Other (Specify) _____

Signature of architect, engineer or designer

Printed name

Address

Registration number

Telephone number

Email address

Date

