



## Building Development

9875 N. 85<sup>th</sup> Avenue  
Peoria, AZ 85345  
Phone: 623-773-7225  
Fax: 623-773-7245

[building.applications@peoriaaz.gov](mailto:building.applications@peoriaaz.gov)  
[www.peoriaaz.gov/building](http://www.peoriaaz.gov/building)

Permit#: \_\_\_\_\_

For Office Use Only

### Self-Certification Program

#### Professional of Record Statement

Professional of Record: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Address: \_\_\_\_\_

I hereby certify I have read the Professional of Record Statement portion of the Self-Certification Rules and Regulations, including but not limited to the following:

- The assertions made on the permit application are true and correct.
- The attached application and each page of the plans that I have stamped were personally prepared or reviewed by me, and submitted herewith they are complete and in accordance with all applicable provisions of the Peoria Building Construction Codes and any applicable state or federal laws, as of this date.
- I have exercised a professional standard of care in the preparation, completion, and submittal of these documents and I am aware that the Building Official for the City of Peoria will rely upon the truth and accuracy of this statement as the basis for issuance of a building permit. If it is determined by the City of Peoria that the submitted plans do not conform to such laws, I agree to immediately take all remedial measures within my control, to meet city, federal and state requirements.
- If I become aware of any false or inaccurate statements made in any documentation provided to the City of Peoria, whether such misrepresentations are made by agents, my employee or by me. I will immediately take all necessary measures to correct such statements. I realize that failure to take any such corrective action may result in termination of my participation in the City of Peoria Self-Certification Program, with notification to the City of Phoenix, and the Arizona Board of Technical Registration.

ARCHITECT

STRUCTURAL ENGINEER

CIVIL ENGINEER

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_