

TOWN OF DAY
BUILDING DEPARTMENT
APPLICATION



PERMIT NUMBER _____

CERTIFICATION OF LUMBER USED FOR LOAD SUPPORTING PURPOSES

Date: _____

Owner's Name _____

Owner's Address _____

Owner's Phone No. _____

Owner's Email Address _____

Property Address _____

I, _____,

(NAME)

(TITLE-i.e., OWNER PRESIDENT)

Certify that the quality and safe working stresses of lumber being supplied to:

(CONSUMER/CONTRACTOR/BUILDER)

Meets or exceeds No. 2 grade of the species in accordance with the conditions set forth in American Softwood Lumber Standard (PS20-99).

PRODUCING MILL: _____

ADDRESS: _____

PHONE No. _____

EMAIL ADDRESS: _____

LUMBER SPECIES: _____

LUMBER DIMENSIONS: _____ X _____ X _____

QUANTITY SUPPLIED: _____

SIGNATURE: _____

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OFFICIAL USE ONLY

DATE REC'D: _____

PERMIT NUMBER: _____