

NOTICE: THIS FORM MUST BE FILLED OUT BY LICENSED ENGINEER AND AVAILABLE AT TIME OF BACKFILL INSPECTION.

CRAWL SPACE
CITY OF WARREN
 DIVISION OF BUILDING AND SAFETY ENGINEERING
 CERTIFICATION OF BUILDING FOOTING ELEVATION

DATE: _____

ADDRESS: _____

APPROVED BUILDING GRADE ELEVATION _____ (A)

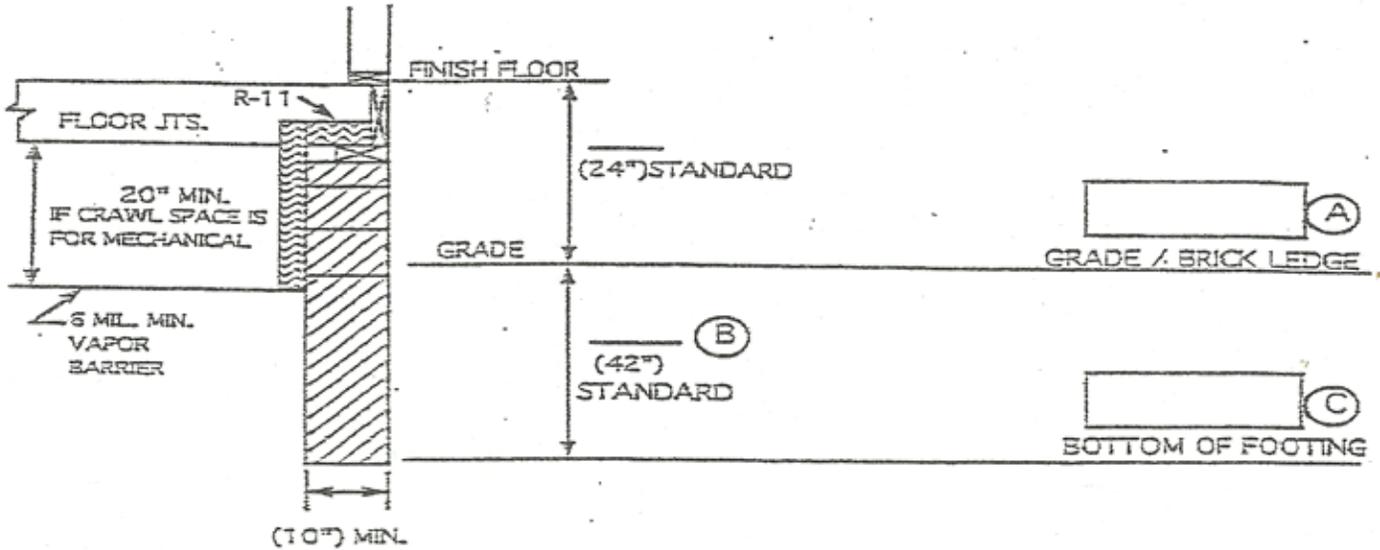
UNIT/LOT# _____

minus 3.50 FT. (B)

DEVELOPMENT: _____

PROPOSED BOTTOM OF FOOTING = _____ (C)

BUILDER: _____



BENCH MARK DESCRIPTION: _____

BENCH MARK LOCATION: _____

BENCH MARK ELEVATION: _____

ACTUAL BOTTOM OF FOOTING ELEVATION: _____

IF DIFFERENT FROM STANDARD — CHANGE STANDARD DIMENSIONS IN DIAGRAM TO ACCOMMODATE.

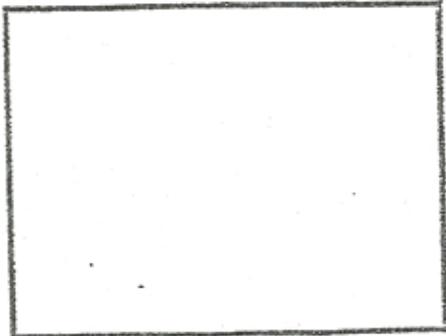
COMMENTS : _____

I HEREBY CERTIFY THAT THE ABOVE LISTED BOTTOM OF FOOTING ELEVATION IS IN CONFORMANCE WITH THE BUILDING GRADES APPROVED BY THE CITY OF WARREN.

REGISTRATION NUMBER OF:
 REGISTERED LAND SURVEYOR
 REGISTERED PROFESSIONAL ENGINEER

NAME (Printed) _____

SIGNATURE _____



SEALED