

TOWN OF CHAZY

PO Box 219
9631 State Route 9
Chazy, NY 12921

**CERTIFICATION OF LUMBER USED
FOR LOAD SUPPORTING PURPOSES**

Date: _____

I, _____, _____,
(NAME) (TITLE – i.e., OWNER, PRESIDENT)

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

(CONSUMER/CONTRACT 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: _____ FAX: _____

E-MAIL: _____

PROJECT LOCATION: _____

LUMBER SPECIES: _____

LUMBER DIMENSIONS: _____ X _____ X _____

QUANTITY SUPPLIED: _____

SIGNATURE: _____

OFFICIAL USE ONLY
DATE REC'D: _____

PERMIT #: _____