STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

FORM 850-040-19 SYSTEMS PLANNING 11/94

RECORD DRAWINGS REPORT BY PERMITTEE'S PROFESSIONAL ENGINEER

APPLICA	ATION NUMBER:	
	ALION NUMBER.	

Within 30 days after completion of construction on the project, you must send this certification to the Department office from which you filed your application

PART 1: CONNECTION INFORMATION				
Project:				
State Road Name/Number:				
Section Number	_			
Maintenance Office:				
Telephone: ()				
Permittee:				
Address:				
Consultant/Engineer/or Project Manager:				
Address:				
Telephone: ()				
PART 2: AS-BUILT INSPECTION				
noted in the attached record drawings) will not prevent the access from functioning in compliance with the requirements of Rule 14-97 or those permit provisions. These determinations have been based upon the site observation of construction, scheduled and conducted by me or by a representative under my direct supervision. All reasonable inspections, tests, and physical measurements have been made to determine this work has been done in accordance with the provisions of the permit and other applicable adopted Department standards.				
Signature of Engineer	Name (Please Print or Type) Florida Reg. No.			
(AFFIX SEAL HERE)	Company Name			
	Company Street Address			
	City State Zip			
Date () Telephone Number Deviations from the approved plans and specifications (attach additional sheets if required).				