



CODE COMPLIANCE VERIFICATION CERTIFICATION

TAX PARCEL #: _____ PERMIT NUMBER: _____

SITE ADDRESS: _____

PROPERTY OWNER: _____

MAILING ADDRESS: _____

PHONE #: _____ EMAIL: _____

Licensed Architect ICC certified inspector Licensed Engineer

CERTIFYING PROFESSIONAL NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____

TELEPHONE NUMBER: (_____) _____ - _____ EMAIL: _____

Renewal of permitted work must be certified to the code under which the permit was plan reviewed or permitted. I _____
(please print) hereby certify that all work, not inspected by the County, was inspected by me or under my direction for the structure noted above and that the work has been completed to the _____ edition of the State Building Code as adopted by Title 14 for the items listed on the attached supplemental certification list.

Seal or ICC
number

Work done without a permit must be certified to the current code adopted. I _____ (please print) hereby certify that all work for the structure noted above was inspected by me or under my direction and that the work has been completed to the _____ edition of the State Building Code as adopted by Title 14 for the items listed on the attached supplemental certification list.

Seal or ICC
number

Signature of Certifying Professional

Date

RETAIN IN PERMANENT FILE

Thurston County Building Development Center
2000 Lakeridge Drive SW, Bldg 1, Second Floor; Olympia, WA 98502
Phone: (360) 786-5490; **TTY/TDD Line:** 711 or 1-800-833-6388;
www.thurstoncountybdc.com