



Property Location: _____

Section: _____ Block: _____ Lot(s): _____

Owner: _____ Phone Number: _____ Email: _____

Architect: _____ Phone Number: _____ Email: _____

Surveyor: _____ Phone Number: _____ Email: _____

Building permit number: _____

Description of work: _____

Date of building permit approval: _____ Date of as built foundation survey: _____

Provide the following elevation values as applicable.

As shown on the approved building permit

First floor elevation: _____

Top of foundation wall(s): _____

Top of interior joist ledge(s): _____

Top of exterior brick/stone ledge(s): _____

Top of lowest footing elevation: _____

Front yard setback(s): _____

Rear yard setback(s): _____

Side yard setback(s): _____

Side yard aggregate: _____

As shown on the as built foundation survey

First floor elevation: _____

Top of foundation wall(s): _____

Top of interior joist ledge(s): _____

Top of exterior brick/stone ledge(s): _____

Top of lowest footing elevation: _____

Front yard setback(s): _____

Rear yard setbacks(s): _____

Side yard setbacks(s): _____

Side yard aggregate: _____

I hereby certify that to the best of my knowledge, belief, and professional judgement, the above-mentioned information to be accurate and true. I acknowledge that the Building Department is relying on the accuracy of this statement in order to approve submittal of the foundation location survey.

Professional of record: _____

Signature: _____ Date: _____ Professional seal:

Building Department Approval