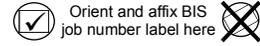




POC3  
 Professional and Owner Certification:  
 Easement Agreement or Restrictive Declaration  
*Please file three (3) originals*



**1 Professional's Certification**

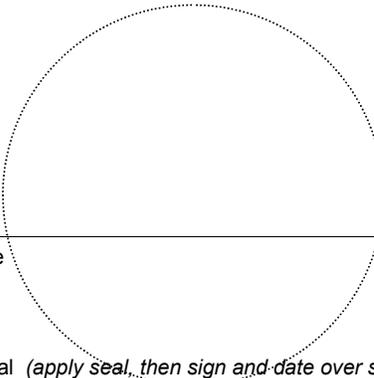
Applicable statutory section:

Name of easement agreement or restrictive declaration form:

I realize that any misrepresentation or falsification of facts made knowingly or negligently by me, my agents or employees, or by others with my knowledge, will render me liable for legal and disciplinary action by the Department of Buildings and other appropriate authorities, including termination of participation in the professional certification procedures at the Department of Buildings. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I am aware of the additional sanctions imposed on false filings by Section 28-211.1.2 of the Administrative Code.

Check ONE of the following:

- I hereby state that the easement agreement or restrictive declaration conforms in all respects to Buildings Bulletin 2008-007, and that it satisfies the specific statutory requirement cited above and conforms in all respects to the Department's approved form cited above.
- I hereby state that the easement agreement or restrictive declaration form cited above has been accepted by the Department of Buildings' General Counsel's office in accordance with Buildings Bulletin 2014-006, Item B.2.b., per the attached determination.

  
 \_\_\_\_\_  
 Signature Date  
 Seal *(apply seal, then sign and date over seal)*

\_\_\_\_\_  
 Name (printed) Professional License Number

**2 Owner's Statement**

I have read and am fully aware of the applicant's above statement that the easement agreement or restrictive declaration conforms in all respects to Buildings Bulletin 2014-006. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I am aware of the additional sanctions imposed on false filings by Section 28-211.1.2 of the Administrative Code

\_\_\_\_\_  
 Name (printed) Signature Date

**3 Applicant's Contact Information**

	Phone Numbers	E-mail Addresses
Applicant		
Owner		
Filing Representative		