



Registered Professional's Certification

Project Name:

Development Permit Number:

I hereby certify that I am a licensed Registered Professional in the State of Florida. It is to the best of my knowledge, information, belief and professional opinion, that the construction plans for the referenced project have been designed and prepared in substantial conformance with the St. Johns County Land Development Code.

Name (Please Print)

Signature

Company Name

Florida Registration Number

Company Address

City, State, Zip Code

Date and Seal

Telephone Number