



Housing Authority of the City of Alameda

701 Atlantic Avenue - Alameda, California 94501-2161 - Tel: (510) 747-4300 - Fax: (510)522-7848 - TDD: (510) 522-8467

DESIGN ARCHITECT'S CERTIFICATION

Owner: _____

Housing Authority Project Number: _____

Project Name: _____

Project Address: _____

I, _____, Registered Architect, do hereby certify that I have personally prepared, reviewed and/or supervised the preparation of the Working Drawings and Specifications for this project. I further certify that, to the best of my knowledge, the Working Drawings and Specifications comply with the applicable building codes specified below and have been prepared in accordance with HUD regulations, Handbook requirements and guidelines as identified below.

A. The attached Working Drawings and Specifications are:

1. For the project identified above, which is described as follows: (Describe project by indicating number and types of units, etc.)

2. Identified as _____ (Identify Working Drawings and Specifications by information normally found in the Title Block of drawings.)

3. In compliance with Local, State or Uniform Building Code: (Specify name and year.)

4. In compliance with other Laws, Ordinances, Exceptions, Deletions, Waivers, Additions, etc., required or granted by the appropriate Local, State, and/or Federal authority (attached herewith).

5. In compliance with the (1) Uniform Federal Accessibility Standards and HUD's implementing regulations at 24 CFR Part 40; (2) and HUD's implementing regulations at 24 CFR Part 8; (3) Fair Housing Act of 1988 and HUD's implementing regulations at 24 CFR part 100 for covered multifamily dwellings designed and constructed for first occupancy after March 13, 1991; and (4) the Americans with Disabilities Act of 1990.

5a. Specify the number of units in the project that will receive Project Based Assistance that fully meet the Uniform Federal Accessibility Standards and implementing regulations: _____.

5b. The number of units identified in 5a above represents what percentage of units receiving Project Based Assistance in this project: _____.

Owner: _____

Housing Authority Project Number: _____

Project Name: _____

Signature: _____ Date: _____

(Print or Type Name)

Name of Firm: _____

Business Address: _____

Telephone Number: _____

License Number: _____

(Seal)

Warning: Title 18 U.S.C., Sections 1001 and 1010, provides in part that whoever knowingly and willfully makes or uses a document containing any false, fictitious, or fraudulent statement or entry, in any matter in the jurisdiction of any Department or Agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years or both. A false statement shall constitute a violation of Sections 1001 and 1010 of Title 18 U.S.C.