

TOWN OF LISBON
PO BOX 98
6963 CR 10
LISBON, NY 13658

**CERTIFICATION OF LUMBER USED
FOR LOAD SUPPORTING PURPOSES**

Date: _____

I, _____, _____,
(TITLE – i.e., OWNER, PRESIDENT)

Certify that the quality and safe working stresses of lumber being supplied to:

(CONSTRUCTION/CONTRACT BUILDER)

Meets or exceeds No. 2 grade of the species in accordance with the conditions set forth in American Softwood Lumber Standard (PS20-99).

PRODUCING MILL: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

PROJECT LOCATION: _____

LUMBER SPECIES: _____

LUMBER DEMENSIONS: _____ X _____ X _____ X _____

QUANTITY SUPPLIED: _____

SIGNATURE: _____

OFFICIAL USE ONLY

DATE REC'D: _____

PERMIT#: _____