

## Planning & Development Department 320 E Jefferson Blvd, Dallas TX 75203

(214) 948-4480

## **Dallas Green Building Program Final Inspection Compliance Affidavit**

| Date:   |                           |   |                       |
|---|---------------------------|---|-----------------------|
| Type of Construction:  ☐ Residential ☐ Commercial   | □ New 0                   | Construction  |                       |
| - Commercial  |                           | Time Finish Out   |                       |
| Address of Construction:  |                           | Permit No   |                       |
| 2. Provider Name:   |                           |   |                       |
| 3. Provider Registration No   |                           |   |                       |
| Registered as:  ☐ Residential Provider ☐ Commercial Provider  |                           |   |                       |
| l,, ha<br>applicable informational and product submitta<br>building requirements of the Dallas Green Buildi                                       | ls to verify tha          | nspections for the project and have<br>at this project meets or exceeds t | reviewed<br>the green |
| <ul> <li>☐ Residential dwellings (one- or two-family<br/>Compliance Path: ☐Dallas Prescriptive</li> </ul>   | • , ,                     | •   | t Texas               |
| <ul><li>☐ Commercial: (select one)</li><li>Compliance Path ☐ Chapter 61, ☐ LEED I</li></ul>   | NC, □LEED CS              | S, □LEED CI, □Multifamily, Mixed U  | Jse                   |
| $\ \square$ Seeking certification: Identify certification   | on under                  |   | =                     |
| TCO: The Contractor has made significant pro<br>requirements. Should a TCO be granted I agree<br>required documentation prior to Final Inspection | e to provide a <i>Fir</i> | nal Compliance Affidavit upon receipt o                                   |                       |
| Furthermore, I certify that I performed the Gree<br>Provider Code of Conduct of the City of Dallas<br>services to this client.                    |                           |   |                       |
| Provider Signature  |                           |   |                       |
| State of Texas  |                           |   |                       |
| County of   |                           |   |                       |
| This affidavit was acknowledged before me on  | by (date)                 | (Provider Name)   |                       |
| Notary Public  {Notary Public Stamp}  |                           |   |                       |