

OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: _____

LOT & BLOCK OR PARCEL NUMBER: _____

MUNICIPALITY: _____ COUNTY: _____

I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR, OCCUPATION SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS AND UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE DURATION OF MY CONSTRUCTION PROJECT.

SIGNATURE OF APPLICANT/OWNER

DATE SIGNED