10. Licensed Design Professional: Where a design professional comments MUST be included and certified by signature and affin	has designo	ed the project, his or h	ier al
Hin Moken &		control professional se	ar.
LISA MOBERLY	<i>i</i>		$\subseteq$
Signature Printed Name Phone number 561 - 531 - 0671 (SEAL)		osm/le	25-
(~,		<b>&amp;</b>	4
CERTIFICATION OF APPLICANT: I hereby swear or affirm that the applicable documents in support review by the Florida Building Commission and that all statement my knowledge true and correct.	of this Rec ts made in	quest for Waiver are a this application are to	ttached for the best of
Dated this 25th day of April	145	2017	
Signature			
LISA MOBERLY			
Printed Name			

By signing this application, the applicant represents that the information in it is true, accurate and complete.

If the applicant misrepresents or omits any material information, the Commission may revoke any order and will notify the building official of the permitting jurisdiction. Providing false information to the Commission is punishable as a misdemeanor under §775.083. Florida Statutes.