CAPITAL PROJECTS/ENGINEERING



TWO-YEAR WARRANTY FOR INSTALLATION & WORKMANSHIP

CAPITAL.
PROJECTS/
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Developer/Owner shall complete all ar	with *
*PROJECT NAME	*PERMIT NUMBER
	*ENGINEER
*DEVELOPER/OWNER	(Address) *CONTRACTOR
(Address)	(Address)
(EMAIL ADDRESS, IF PREFERRED METHOD OF COMMUNICATION)	
I,(contractor name)	(contractor company name)
guarantee that all materials furnish, all in	ovements installed, and all workmanship are of
good quality, free from faults and defects	in accordance with City specifications.
I,(dovaloper/owner	ne) (developer/owner company name)
guarantee all such improvements perform	by the above said contractor for a period of two (2) Furthermore, I agree to have repaired or replaced to
	ork that may prove defective in workmanship or
	associated for any repairs during the two (2) year
	Developer/Owner Signature
Subscribed and sworn to before me on the	day of, 20
	Notary Public, in and for the
	State of
	My Commission Expires:

NOTE: This form is attached to the <u>Certificate of Acceptance Letter</u>, **after** the project has been completed.