



TOWN OF GALWAY

ZONING ADMINISTRATOR/BUILDING INSPECTOR
SARATOGA COUNTY, NY
ESTABLISHED 1792

5910 Sacandaga Rd.
Galway, NY 12074
(518) 882-6070

CERTIFICATION OF LUMBER USED FOR LOAD SUPPORTING PURPOSES

Date: _____

I, _____,

(NAME)

(TITLE – i.e., OWNER, PRESIDENT)

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

(CONSUMER/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 DIMENSIONS: _____ X _____ X _____ **QUANTITY SUPPLIED:** _____

SIGNATURE: _____

OFFICIAL USE ONLY

DATE REC'D: _____

PERMIT #: _____
