Building Permit Number: _____ **Town of Jackson Planning Department**
Building Division
Voice: 307-733-0520 Fax: 307-734-3563

CERTIFICATE OF PLACEMENT

Property Owner's Name:	**Location of Property:**
Contractor:	**Contact Information:**
Architect:	**Contact Information:**
Surveyor:	**Contact Information:**
Date of Survey:	
Plan/Building Permit Approval Date Used for this Certificate:	

The location of the proposed foundation was determined by a survey of
_____ POINTS ON BUILDING FOOTERS
_____ THE LOCATION OF SET-IN-PLACE FOUNDATION FORMS

The points as located for the proposed foundation walls are in agreement with the location of the foundation as shown on the approved site plan and building permit special conditions of approval. (Minor deviations within normal foundation tolerances are expected.)
_____ YES
_____ NO explain. _____

Note: Additional surveyor information is required if foundation placement does not match the approved site plan and building permit special conditions of approval. In such a case, the surveyor should prepare and attach a legible sketch of the site showing the approved location, approved setbacks and the surveyed location as found.

If the points as located for the proposed foundation walls are not in agreement with the location of the foundation as shown on the approved site plan, **WORK CANNOT PROCEED WITHOUT REVIEW AND APPROVAL BY THE TOWN OF JACKSON**.

_____	_____	_____
Surveyor Signature	**Date**	**Seal**