



**ANDREW M. CUOMO**  
Governor

<b>NY Rising Housing Recovery Bulkhead Final Certificate of Completion by Engineer/Designer</b>	
<b>Homeowner Name:</b>	<b>Applicant ID #:</b>
<b>Damaged Property Address:</b>	
<b>Date Permit Maintenance Checklist Certification Signed:</b>	

**Engineer/Designer must check one of the following boxes, provide any required information and sign.**

I affirm that I have reviewed and inspected the bulkhead work which was done in accordance with the Program's Permit Maintenance Checklist Certification which was signed and submitted as stated above. All necessary permits, certifications and approvals related to the work have been obtained. The work was completed in accordance with the description on the Permit Maintenance Checklist Certification and has been performed in accordance with all applicable permits, including but not limited to those issued by the NYS Department of Environmental Conservation and U.S. Army Corps of Engineers. I further Certify that the work was been completed in accordance with the NY Rising Housing Recovery Program scope of work.

or

I affirm that I have reviewed and inspected the bulkhead work completed in relation to the above-mentioned property. The work completed was different from that described on the Certification and the revised work scope, the authorization found in applicable permits, or program policy and is described below.

Revised Final Description of Work:

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Engineer/Designer Name: \_\_\_\_\_

License # \_\_\_\_\_

\_\_\_\_\_  
Signature of Engineer/Designer

Date; \_\_\_\_\_