



## POST-TENSIONING SHOP DRAWING AFFIDAVIT

Rev. 04-29-2016

Project Name / Address: \_\_\_\_\_

Master Permit Number: \_\_\_\_\_

Plan Title / Date of Issue / Pages Identified: \_\_\_\_\_

Delegated Engineer: \_\_\_\_\_

Name

Address

License No.

I, \_\_\_\_\_, the Engineer of Record for the project identified above, HEREBY CERTIFY that I have reviewed the shop drawings for the post-tension cables for said project, and that said drawings are in conformance with my design.

Conformance means that all applied post-tensioning loads, mild reinforcement and shear reinforcement are in accordance with my design drawings.

### **NOTE:**

**Provide a copy of the post-tensioning shop drawings, approved by the Engineer of Record, for record purposes only, along with this affidavit. No structural review by the City of Miami will be done.**

Engineer of Record: \_\_\_\_\_

Florida License No. \_\_\_\_\_

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Seal/Signature/Date