MINIMUM REQUIREMENTS FOR ENGINEER'S COMPLETION CERTIFICATE

Name of Service Agency:
Wayleave Reference No. (as provided by the Service Co-ordinator):
Description of completed work section:
From:
To:
Drawing No/s.:
Declaration:
I,, registered as a,
certify that I have been integrally involved with the construction and completion of the above section of the project. In relation to this I am fully satisfied that the work has been carried out, reinstated and completed in full compliance with all the conditions of the Wayleave Approval and specifications of the Msunduzi Municipality, and that any damages to existing services which may have occurred either directly or indirectly as a result of this work, have been satisfactorily repaired in consultation with the relevant Service Agency.
Signed:
Name:
Professional Registration No
Registered Address:
Company:
Contact Number/s:
Date:
ACCEPTED: (Signed)

QUALITY CONTROL ENGINEER

MSUNDUZI MUNICIPALITY