

HANDICAPPED CERTIFICATION

**PROJECT
NAME:** _____

**PROJECT
ADDRESS:** _____

OWNER: _____

**OWNERS
ADDRESS:** _____

**DESIGN
PROFESSIONAL:** _____

THIS FACILITY, BEING A PLACE OF PUBLIC ACCOMMODATION CONSTRUCTED, REMODELED OR ENLARGED AFTER JANUARY 1ST, 1992, HAVING A TOTAL COST IN EXCESS OF \$ 100,000. HAS BEEN DESIGNED IN CONFORMANCE WITH MRSA TITLE 5, § 4594 - D.

IN THAT ALL OF THE FOLLOWING AREAS ARE SPECIFICALLY DESIGNED FOR USE BY THE HANDICAPPED PUBLIC:

- 1. ACCESSIBLE ROUTES**
- 2. DOORS,**
- 3. TOILET STALLS, AND**
- 4. TACTILE WARNINGS ON DOORS TO HAZARDOUS AREA.**

SIGNED: _____ **DATED:** _____



NOTE: ALL HANDICAPPED FACILITIES SHALL BE INSPECTED BY THE LOCAL MUNICIPAL AUTHORITY PRIOR TO OCCUPNCY