FILE#		



## City of Saratoga Springs

## **BUILDING DEPARTMENT**

CITY HALL - 474 BROADWAY
SARATOGA SPRINGS, NY 12866
PHONE 518-587-3550 EXT. 2511 FAX 518-580-9480

## CERTIFICATION OF PLACEMENT OF VAPOR RETARDER

JOB SITE ADDRESS	
BUILDING PERMIT #	Date Issued
I,OWNER OR CONTRACTOR – PRINT NAME	, being duly sworn, depose and state:
I hereby certify to the City of Saratoga Sprii	ngs, that as required by the Residential Code
of New York State (section R506.2.3) or the	e Building Code of New York State (section
B1910.1), an approved vapor retarder (typic	cally 6-mil polyethylene, with joints lapped not
less than 6 inches) has been placed benea	( )
subject building, in accordance with applica	. ,
licensed professional responsible for the bu	aliding plans.
	SIGNATURE OF OWNER OR CONTRACTOR
	DATE OF SIGNATURE
Sworn to before me this Day of, 201,	
County Clerk or Notary Public	