



# Exhibit D – BPAS Certification Form

## Building Permit Allocation System Application

305-809-3720 • [www.cityofkeywest-fl.gov](http://www.cityofkeywest-fl.gov)

I certify that I am familiar with the information contained in this application, and that to the best of my knowledge such information is true, complete and accurate. I certify that all information required has been provided.

I certify that my total estimated points are \_\_\_\_\_. I certify that if I am awarded one or more Building Permit Allocations and am unable to achieve all prerequisites and/or achieve the total amount of points represented on the Score Sheet, a Certificate of Occupancy will not be issued for the project.

I certify that if I am awarded one or more Building Permit Allocations, the Score Sheet and Prerequisite Solution Statement prepared as part of this application will be provided to my contractor and that my contractor will be made aware that if the completed project does not achieve all prerequisites and achieve the total amount of points represented on the Score Sheet, a Certificate of Occupancy will not be issued for the project.

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*Signature of applicant*

*Date*

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*Print name of Applicant*

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_ (name of person signing the application)  
as \_\_\_\_\_ (type of authority...e.g. officer, manager/member, trustee,  
attorney)  
for \_\_\_\_\_ (name of entity or party on behalf of whom application was  
executed).

They are personally known to me or has presented \_\_\_\_\_ as identification.

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*Notary's Signature and Seal*

SEAL

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*Name of Acknowledger typed, printed or stamped*

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*Commission Number, if any*