

# OSHA SAFETY STANDARDS SIGNOFF

LOCATION OF PROPERTY: \_\_\_\_\_

LOT & BLOCK OR PARCEL NUMBER: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

I AM FULLY AWARE OF THE U.S. DEPARTMENT OF LABOR, OCCUPATION  
SAFETY AND HEALTH ADMINISTRATION (OSHA) STANDARDS' AND  
UNDERSTAND THAT I MUST COMPLY WITH THESE STANDARDS FOR THE  
DURATION OF MY CONSTRUCTION PROJECT.

\_\_\_\_\_  
SIGNATURE OF APPLICANT/OWNER

\_\_\_\_\_  
DATE SIGNED