

architect's interim certificate

1st applicant



Block capitals

2nd applicant

Block capitals

Property address _____

1 First stage payment only - date commencement notice submitted **Date**

2 I confirm that I have supervised the construction of the above property to date and the construction to date is in accordance with Planning Permission and Building Regulations (If 'No' see point 6) **Yes No**
☐ ☐

3 Construction to date is within budget (If 'No' see point 6) **Yes No**
☐ ☐

4 Construction has reached the following stage:
 Foundation ☐ Wall Plate ☐ Roof Level ☐ First/Second Fix ☐ Completion ☐

5 • Current stage payment request **Amount** €
 • Cost of works completed to date **Amount** €
 • Cost of remaining works to complete **Amount** €
 • Estimated completion date **Date**

6 Any other relevant information

I confirm that I hold valid/current Professional Indemnity Insurance €
 Amount - attach copy

Signed

Qualifications

Print Name

Name of Firm

Date

Stamp

*Minimum amount of Professional Indemnity is €635,000.

Note - please stamp this document.
 If no stamp available please attach compliment slip/headed paper.