



DEPARTMENT OF COMMUNITY DEVELOPMENT SERVICES
33325 8th Avenue South
Federal Way, WA 98003-6325
253-8352607; Fax 253-835-2609
www.cityoffederalway.com

SIGN INSTALLATION CERTIFICATE

Project Name: _____

Project File No: _____

Project Address: _____

Installed By: _____ Date of Installation: _____

Location of Installation: _____

Sample



I hereby testify that the sign installed fully complies with the installation standards of the Department of Community Development Service’s “Instructions for Obtaining & Posting Public Notification Signs” and that the sign will be maintained until a final decision is issued on the land use action.

I understand that failure to return this certificate within five days of posting may result in delays, notice of corrections, and re-mailings at the applicant’s expense.

Installer’s Name

Date

Installer’s Signature

Phone