

CON-502M REV. 06/08

STATE OF CONNECTICUT

DEPARTMENT OF TRANSPORTATION

CERTIFICATE OF COMPLIANCE

Municipality Administrator

Project No:_____

Project Location:_____

Project Name:_____

This is to certify that to the best of my knowledge, information and belief, the completed Project, as identified above, has been constructed in substantial compliance with the Contract plans, specifications and all approved Change Orders.

Municipality Administrator:

Signature

Print Name

Title

Date