



## City of Crosslake Accessibility Certification Form

Parcel Code: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Legal Description: \_\_\_\_\_

### **Accessibility Certification**

This certification is to be signed by a Building Official or Accessibility Specialist licensed by the State of Minnesota.

I certify that the \_\_\_\_\_ at the property location described above is in conformance with the Minnesota State Accessibility Code, Chapter 1341, Chapter 11 of the International Building Code, and ICC/ANSI A117.1.

Certifier's Name: \_\_\_\_\_

License No.: \_\_\_\_\_

Title & Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form must be completed and returned to the:

**City of Crosslake Planning & Zoning Department  
Crosslake City Hall  
13888 Daggett Bay Rd  
Crosslake, MN 56442**

If you have questions regarding the above, please call  
(218) 692-2689 or 2680 or email  
crosslakepz@crosslake.net

#### **OFFICE USE ONLY**

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

Permit #: \_\_\_\_\_