NOTICE OF PARTICIPATION
[AHJ name]
Advisory Evaluation Program

Accelerated Building Reoccupancy Post-Damage Safety Evaluation

Building Name:

Building Address:

Owner Name:

Owner’s Representative:

Building Safety Evaluator (name or firm):

Building Safety Evaluator Contact:

Phone:

Email:

This is a notice to [AHJ name] that after a damaging event, the building at the address above will be evaluated for safety by the building safety evaluator listed above under the policies and procedures of the [AHJ name] Advisory Evaluation Program.

I/we acknowledge that:

* [AHJ name] retains its authority to determine whether a building is or is not safe to occupy.
* The results of the building safety evaluation will be sent to [AHJ name] in accordance with the Advisory Evaluation Program procedures.
* [AHJ name] will conduct a follow-up safety evaluation and may post its own notification placards.

Owner/Owner Representative Signature:

Owner/Owner Representative Contact:

Phone:

Email: