

## ENGINEERING CERTIFICATION (Form A)

Permit No(s): 399 (Leave blank if number has not been issued)  
Submittal Name: IBR 20 Submittal Date: 05/03/2024

1. ☒ I hereby certify under penalty of law that all technical submissions provided within this application were done by me or under my direct supervision; that to the best of my knowledge and belief, that such technical submissions have been completed in accordance with 62 Ill. Adm. Codes 1700 through 1850 and generally accepted standards and practices of my profession; and the information is accurate and complete. I further certify that all applicable maps and/or drawings have been sealed in accordance with the Professional Engineering Act 225 ILCS 325/15.

2. ☐ I hereby certify under penalty of law that the specific technical submissions itemized below and provided within this application were done by me or under my direct supervision; that to the best of my knowledge and belief, that such technical submissions have been completed in accordance with 62 Ill. Adm. Codes 1700 through 1850 and generally accepted standards and practices of my profession; and the information is accurate and complete. I further certify that all applicable maps and/or drawings have been sealed in accordance with the Professional Engineering Act 225 ILCS 325/15.

### INDIVIDUAL P.E. CERTIFICATION

Clayton Cross

Name

IL 062-068486

Illinois Registration Number

Firm

12051 9th Avenue; PO Box 457

Hillsboro, IL 62049

Address

217-556-0692

Phone Number



Lic. Exp. Date

Clayton Cross  
Signature

5-3-2024  
Date

### PROFESSIONAL DESIGN FIRM CERTIFICATION

Complete if applicable. If not, respond N/A.

As an employee of a Professional Design Firm as defined by the Illinois Department of Financial and Professional Regulation, I certify that the professional design firm is registered and in good standing with the Illinois Department of Financial and Professional Regulation.

Professional Design Firm Name

Professional Design Firm Number

Lic. Exp. Date

### Itemized Technical Submissions

(Complete if Option 2 was selected on Page 1)

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