



Schedule E

Certification Form

TO: The City of Maple Ridge

FROM: _____
(NAME OF PROFESSIONAL)

RE: Premises located at _____, Maple Ridge, BC
(CIVIC ADDRESS)

This is to certify that in accordance with Sections 16 and 17 of the Maple Ridge "Grow Operation, Health, Nuisance and Safety Bylaw No. 6274 - 2004", the professional identified in this certification:

- (a) meets the requirements for a professional inspector under Section 17 of the bylaw;
- (b) has completed an inspection of the Premises on _____; and
(YYYY-MM-DD)
- (c) the Premises are remediated in accordance with Section 16 and as such, are substantially free from any pesticides, toxic chemicals, moulds, or fungi normally associated with and found in a "Grow Operation" premises, and that the Premises are fit for human use and occupancy.

The undersigned professional may be contacted at: _____
(PHONE NUMBER)

CERTIFIED AS OF _____
(YYYY-MM-DD)

(NAME OF PROFESSIONAL INSPECTOR)

(AUTHORIZED REPRESENTATIVE)