

2. ARCHITECT/SURVEYOR (IF ANY)

(i) The architect/surveyor employed in relation to the work was:

Name: N/A.

Address: _____

(ii) The above-named architect/surveyor

(a) was provided with a copy of the faculty before work commenced; and

(b) has issued a Practical Completion Certificate dated (date) _____

in relation to [the whole][part] of the works.

(Delete as appropriate)

3. CERTIFICATE BY CHURCHWARDENS OR PETITIONER

(i) ~~We~~/I certify to the best of our knowledge, information and belief that the works have been carried out in accordance with the faculty.

(ii) ~~We~~/I certify that all the conditions attached to the faculty have been complied with.

(iii) We have given a copy of the certificate to the Archdeacon and have placed a copy in the church's logbook.

(Please print details)

Name

BARBARA YOUNG

(Insert name of churchwarden, petitioner or person authorised to act on petitioner's behalf)

Address

WEST VIEW

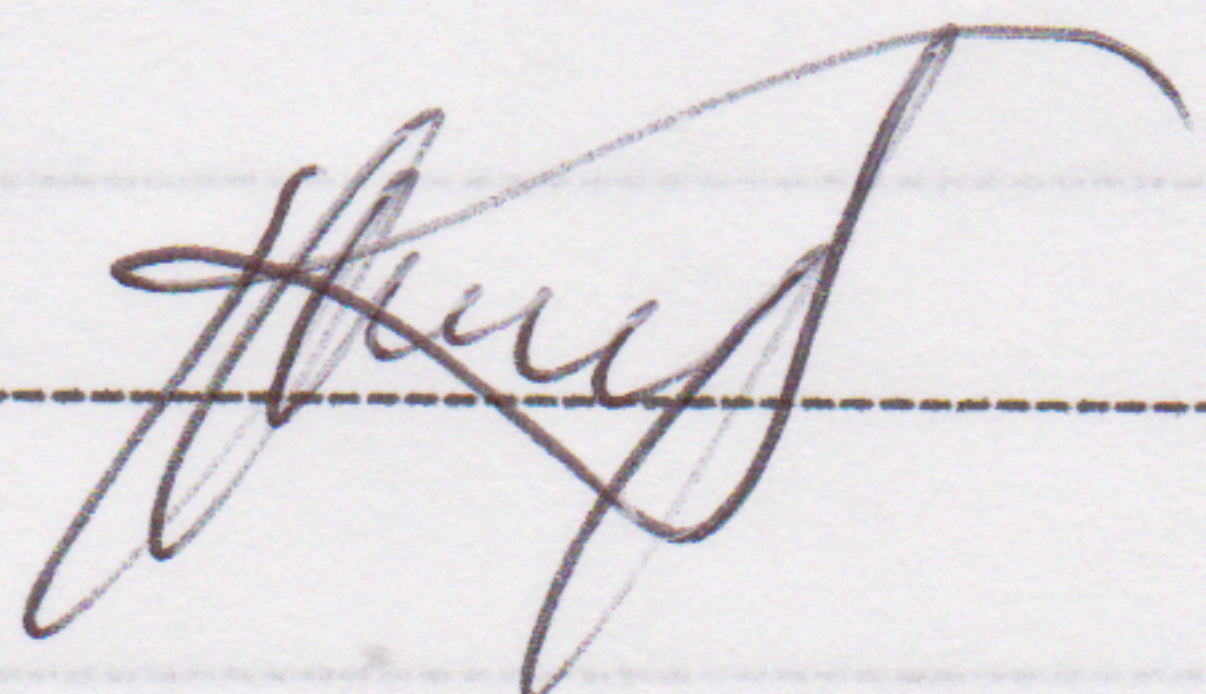
AISTHORPE, LINCOLN, LN1 2SQ

Signed Barbara Young Date 03/08 2018

Name

CHRIS KENNY

(Insert name of churchwarden)

Signed  Date 6/7/ 2020

Note: This form is to be returned to the Registrar within 28 days after the practical completion of the work