CERTIFICATE OF COMPLETION & COMPLIANCE

Project Name:_____ Project Address:_____

Inspection Date(s):_____ Permit Number:_____

Relative to plans prepared by:_____ on_____
(date)

I hereby certify that:

1. I am familiar with drainage requirements applicable to such land alteration (as set forth in the Stormwater Management Resolution of City of Fishers); and
2. I (or a person under my direct supervision) have personally inspected the completed work and examined the drainage permit and its conditions, as-built plans, and final drainage calculations consistent with as-built conditions performed pursuant to the above referenced drainage permit; and
3. To the best of my knowledge, information, and belief, such land alteration has been performed and completed in conformity with all such drainage requirements, except _____
_____
_____

Signature: _____ Date: _____

Typed or Printed Name: _____ Phone: (___)_____

(SEAL)

Business Address: _____
_____
_____
_____

SURVEYOR ENGINEER
(circle one)

Indiana Registration No._____