

**CITY OF TARPON SPRINGS, FLORIDA
Development Services Department**

STORMWATER MANAGEMENT FACILITY CERTIFICATION

Please print or type

Project Name		
Address	Lot	Block
Subdivision	Permit No.	

Please check appropriate response:

Project Description:

- _____ Residential – Less than ½ acre
- _____ Residential – More than ½ acre but less than 5 acres
- _____ Residential – Greater than 5 acres
- _____ Commercial/Industrial

Storm Management Program Utilized:

- _____ City of Tarpon Springs Minimum Specifications
- _____ Submitted Plan (approved by City staff)
- _____ Plan submitted and approved on Site Plan

I, the undersigned understand the STORMWATER MANAGEMENT PROGRAM required to be instituted and hereby certify that all facets of said plan shall be utilized during all phases of construction. I further certify that the developer for whom I represent shall be held liable for any deviations of said STORMWATER MANAGEMENT PLAN, and will be subject to any and all fines and/or imprisonment that may be imposed as a result of non-compliance of said STORMWATER MANAGEMENT PLAN.

Signature

Date

PERMITEE INFORMATION

Please print or type

Name		
License No.		
Company Name		
Company Address		
City	State	Zip
Telephone No.		