

SANTA BARBARA COUNTY
WATER RESOURCES DIVISION
PROJECT CLEAN WATER

STORMWATER CONTROL PLAN
ENGINEER'S CERTIFICATION OF APPROVAL

PROJECT NAME _____

TM/TPM# _____

DVP# _____

ADDRESS _____

APN# _____

I, the undersigned California Registered Civil engineer, hereby certify that I or my authorized agent have inspected the Storm Water Control measures (i.e. bioretention, basins, landscapes, grading and drainage contours, storm drain conveyance systems, inlet and overflow elevations, junctions, swales, etc.) required for the approval of the above referenced Project consistent with the approved Stormwater Control Plan, and that such controls were constructed and are now sufficiently stabilized in substantial conformance with the approved grading and/or Improvement Plans. Any revisions made during construction to the originally-approved plans were reviewed and approved by County staff and are shown on the attached As-Builts, submitted as part of the conditions of approval.

DATED _____

SIGNATURE OF CIVIL ENGINEER

TYPED NAME OF CIVIL ENGINEERING/REG NO

FIRM OR COMPANY NAME

ADDRESS OF FIRM

Engineer's Stamp

SUBMIT COMPLETED FORM TO: SANTA BARBARA COUNTY WATER
RESOURCES DIVISION (ATTN: PROJECT CLEAN WATER) PRIOR TO OCCUPANCY
CLEARANCE REQUEST.