

715 Park Drive PO Box 160 Belpre OH 45714 740.423.7592 www.cityofbelpre.com

EXHIBIT D - Post-Construction Engineering Certification

• must use this Exhibit D as a template.

License Number:

• must be provided after the Post Construction BMP(s) are completed.

Project Name:	
Project Address:	
Construction Date:	
Lot Description:	
Parcel Number:	
Stormwater Permit #:	
Certification	
I,, being a	Registered Professional Engineer in Ohio, do hereby certify to the
best of my knowledge and belief that:	
of the above-referenced project have been co	ews, the permanent stormwater control measures implemented as part instructed and are functioning in accordance with the plans, by the City of Belpre as part of the issued Development Permit.
stormwater control measures implemented as	etion and maintenance responsibilities associated with the permanent spart of the above-referenced project and has been provided a the needed information to fulfill their obligations.
Professional Engineer	
Name:	
Signature:	
Date:	Engineer's Seal

Owner or Authorized Representative Information

Owner or Authorized Representative	
Name:	
Signature:	
Title:	

Submission Instructions

Submit the completed certification to:

City of Belpre, Safety Service Director

PO Box 160, 715 Park Drive

Belpre, OH 45714 Phone: (740) 423-7592 Fax: (740) 423-4967

Email: ssd@cityofbelpre.com