



City of Stamford
 Engineering Bureau
 Stamford Government Center – 888 Washington Blvd., Stamford, CT 06901
 Phone: 203 977 4189

STORMWATER MANAGEMENT CERTIFICATION FORM

Project Name _____

Project Address _____

Property Owner(s) _____

Tax Account Number(s) _____ Zone(s) _____ Lot Area _____

Project Engineer _____ CT PE # _____

Engineering Firm's Name _____

Firm Address _____

Phone _____ Email _____

I hereby declare that the above referenced project's stormwater drainage system has been designed in accordance with the City of Stamford Stormwater Drainage Manual, as amended. Furthermore, I declare that the stormwater drainage system(s), grading, site stabilization and other related site work for the project have been constructed substantially in accordance with the approved plans referenced in the Building Permit, B-_____ and field changes approved by the City of Stamford Engineering Bureau. Based on our Stormwater Management Report, Field Inspections, Field Inspection Records, and the Improvement Location Survey depicting "As-Built" conditions and entitled _____

prepared by _____ dated _____ and revised _____, it is our professional opinion that the stormwater drainage system as designed and constructed will not have an adverse impact on offsite properties or offsite drainage infrastructure.

Attach field Inspection Reports and support photos during and after installation.

Engineer Signature: _____ Date: _____

Engineer's Seal: _____