TOWN OF CHAPEL HILL

Professional Engineer's Certification for
Engineered Stormwater Control Measures (SCMs)

PIN_____

PROJECT NAME: _____

PROJECT ADDRESS:_____

APPLICANT NAME:_____

ENGINEER NAME:_____

ENGINER E-MAIL ADDRESS:_____

Specify quantity and type of Engineered Stormwater Control Measure(s):

_____

_____

_____

I (print name) _____as a duly registered Professional Engineer in the State of North Carolina, having been authorized to observe periodically the construction of the subject project, _____for the permittee hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within the substantial compliance of the Construction Drawings.

Signature _____

Date _____

Professional Registration NO. & Seal