



**CITY OF GOLETA
PUBLIC WORKS DEPARTMENT
STORMWATER CONTROL PLAN
CERTIFICATION OF APPROVAL**

Project Information	
Date:	Case Number:
Project Name:	Stormwater Project Number:
Project Address:	APN #:

I, the undersigned Registered Professional¹ in the State of California hereby certify that I or my authorized agent have inspected the permanent/structural Stormwater 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 (SWCP), 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 are shown on the attached As-Builts.

I, the undersigned Registered Professional in the State of California, hereby submit the following documents in accordance with the Conditions of Approval:

Attachment Submitted	
<input type="checkbox"/>	As-Built Site Plans
<input type="checkbox"/>	Quality Assurance/Quality Control Summary
<input type="checkbox"/>	Stormwater Control Plan (Resubmittal, if As-Builts)
<input type="checkbox"/>	Operation & Maintenance Plan (Resubmittal, if As-Builts)

Date

Signature of Registered Professional

Print Name of Registered Professional & License #

Registered Professional Stamp

Firm/Company Name

¹ Registered Professional Engineer, Geologist, Architect, and/or Landscape Architect