



Clay County Planning and Zoning
 234 W. Shrader, Suite C
 Liberty, MO 64068
 (816) 407-3380

**Land Disturbance
 Certification Form**

Consultant
 General Contractor
 Other (identify)

Property Owner
 Sub-Contractor (paving, storm sewer, septic system,
 grading, landscaping, street lighting, etc.)

CONSULTANT

I hereby declare that the site plan, location Map, and information contained in the Stormwater Pollution Prevention Plan (SWPPP) for the project _____ has been prepared under my direction or supervision in accordance with the Clay County Erosion and Sediment Control Regulations, and applicable State and Federal Regulations and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.

Consultant:

Address: City: State/Zip:

Phone: Cell: Fax: E-Mail:

Signature: Date:

PROPERTY OWNER

I hereby certify, that I am the owner of the property described in the SWPPP for the project of, _____, or their legally authorized agent, and that I assume full responsibility for the performance of the operation stated in the plan and the Land Disturbance Permit.

Property Owner:

Address: City: State/Zip:

Phone: Cell: Fax: E-Mail:

Signature: Date:

GENERAL CONTRACTOR

I hereby certify, that I understand the requirements stated in the SWPPP, that I am responsible for completing the requirements set forth in this SWPPP and shown on the site plan of, _____, and I am responsible for the performance of the sub-contractors listed in the Land Disturbance Permit.

General Contractor:

Address: City: State/Zip:

Phone: Cell: Fax: E-Mail:

Signature: Date:



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SUB-CONTRACTOR

I hereby certify that I understand the requirements stated in the SWPPP, that I am responsible for completing the requirements, which have been listed in the plan as being part of my scope of work for the project _____.

Sub-Contractor:

Address: City: State/Zip:

Phone: Cell: Fax: E-Mail:

Signature: Date:

I hereby certify that I understand the requirements stated in the SWPPP, that I am responsible for completing the requirements, which have been listed in the plan as being part of my scope of work for the project _____.

Sub-Contractor:

Address: City: State/Zip:

Phone: Cell: Fax: E-Mail:

Signature: Date:

I hereby certify that I understand the requirements stated in the SWPPP, that I am responsible for completing the requirements, which have been listed in the plan as being part of my scope of work for the project _____.

Sub-Contractor:

Address: City: State/Zip:

Phone: Cell: Fax: E-Mail:

Signature: Date:



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Sub-Contractor

I hereby certify that I understand the requirements stated in the SWPPP, that I am responsible for completing the requirements, which have been listed in the plan as being part of my scope of work for the project _____.

Sub-Contractor:

Address: City: State/Zip:

Phone: Cell: Fax: E-Mail:

Signature: Date:

OTHER

I hereby certify that I understand the requirements stated in the SWPPP, that I am responsible for completing the requirements, which have been listed in the plan as being part of my scope of work for the project _____.

Name: Work Type:

Address: City: State/Zip:

Phone: Cell: Fax: E-Mail:

Signature: Date: