Clay County LAND DISTURBANCE (LD) PERMIT Certificate of Completion

Planning & Zoning Dept. 234 W. Shrader, Suite C Liberty, MO 64068 (816) 407-3380

Submission of this Certificate of Completion (COP) constitutes notice that the party identified below relinquishes coverage under a Clay County Land Disturbance Permit. Completion of this COP does not relieve the permittee of liability for civil, criminal, or administrative penalties for actions arising prior to issuance of the COP.

Submit COP with original signature to: Clay County Planning and Zoning Department			
If application is complete the permittee will be contacted within 5 business days to schedule final inspection.			
To be completed by Permit Holder:			
Permit Holder's Name:			
Project or Property Address:			
City, State, Zip Code:			
Business Phone Number:	Cell Phone Numbe	er:	
E-mail Address:			
I certify under penalty of law that all land disturbances associated with the site named herein meet the final stabilization requirements in accordance with Section 151-8.19 of the Clay County Land Development Code (LDC). I understand that by submitting this Certificate of Completion, I am no longer authorized under the Clay County Land Disturbance Permit to engage in Land Disturbing Activities at this site. I understand that discharging pollutants in stormwater associated with Land Disturbing Activities to waters of the State is unlawful under Clay County Ordinance 2010-ORD-08. I understand that by submitting this Certificate of Completion, I am not released from liability for any violations Clay County Ordinance 2010-ORD-08 or any other state or federal requirements.			
Permit Holder's Name (print)	Permit Holder's Signature	Date	
To be completed by Clay County (Check if Completed)		
	larger common plan of developmen	nt is finished and final site	
stabilization has been com vegetation having a density	pleted (pavement, buildings, structury of at least 70% of undisturbed are	ures, or perennial a at the site cover all areas	

Release of Performance Surety by County Commission-Resolution #

Name:	Signature:	Date:
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