

APPENDIX 2

Annual Stormwater Management Facilities Certification

(to be completed by a Qualified Post-Construction Stormwater Inspector and sent to Town Code Enforcement Officer)

I, _____ (print or type name), a Qualified Post-Construction Stormwater Inspector, certify the following:

1. I am making this Annual Stormwater Management Facilities Certification for the following property: _____ (print or type name of subdivision, condominium or other development) located at _____ (print or type address), (the "Property");

2. The owner, operator, tenant, lessee or homeowners' association of the Property is: _____ (name(s) of owner, operator, tenant, lessee, homeowners' association or other party having control over the Property);

3. I have knowledge of erosion and stormwater control and have reviewed the approved Post-Construction Stormwater Management Plan for the Property;

4. On _____, 20__, I inspected the Stormwater Management Facilities, including but not limited to parking areas, catch basins, drainage swales, detention basins and ponds, pipes and related structures required by the approved Post-Construction Stormwater Management Plan for the Property;

5. At the time of my inspection of the Stormwater Management Facilities on the Property, I identified the following need(s) for routine maintenance or deficiencies in the Stormwater Management Facilities:

6. On _____, 20__, I took the following routine maintenance or the following corrective action(s) to address the deficiencies in the Stormwater Management Facilities stated in 6. above:

7. As of the date of this certification, the Stormwater Management Facilities are functioning as intended by the approved Post-Construction Stormwater Management Plan for the Property.

Date: _____, 20__.

By: _____
Signature

Print Name

STATE OF MAINE

_____, ss. _____, 20__

Personally appeared the above-named _____, the _____ of _____, and acknowledged the foregoing Annual Certification to be said person's free act and deed in said capacity.

Before me,

Notary Public/Attorney at Law

Print Name: _____

9. The owner, operator, tenant, lessee, or other party having control over the Property shall sign below verifying the information above was completed by a Qualified Post-Construction Stormwater Inspector.

Date: _____, 20__.

By: _____
Signature

Print Name

STATE OF MAINE

_____, ss. _____, 20__

Personally appeared the above-named _____, the
_____ of _____, and acknowledged the foregoing
Annual Certification to be said person's free act and deed in said capacity.

Before me,

Notary Public/Attorney at Law

Print Name: _____

Mail or hand deliver this certification to the Municipal Code Enforcement Officer at the following address:

Town of Scarborough
c/o Code Enforcement Officer
PO Box 360
Scarborough, ME 04074