Building Permit Number:

(OFFICE USE ONLY)



FLAGLER COUNTYAFFIDAVIT OF DRAINAGE CONTROL FOR

RESIDENTIAL AND MINOR COMMERCIAL CONSTRUCTION

A. OWNER/SITE INFORMATION:

Name of Owner:	Owner:			_ Phone Number:			
Address:							
Subdivision Name:	Lot Number of Site:						
Tax Parcel Number: Section:	Township:	Range:					

B. CERTIFICATE OF COMPLIANCE:

The undersigned owner of the above-described property hereby certifies that development of the above property will not result in:

- 1. Flooding of adjacent lands.
- 2. Blockage of existing drainage systems, natural or manmade.
- 3. The destruction of existing drainage systems, natural or manmade.
- 4. Erosion of fill or disturbed materials onto adjacent lands or environmentally sensitive areas (as determined by Flagler County).
- 5. The destruction of roadside drainage swales, roadway pavement and/or shoulders.
- 6. Flooding of the proposed structure during a 100-year frequency storm.
- 7. Construction to an elevation less than that required by the Flagler County Land Development Code. (Applicant is cautioned UNAUTHORIZED construction may be subject to demolition).
- 8. Inadequate onsite drainage in the vicinity of the proposed structure.
- 9. Deviation from the approved grading plan for this property.

C. RELEASE AND AUTHORIZATION:

- 1. The undersigned hereby release and holds harmless the County of Flagler and its authorized agents and/or employees from any and all claims of damage of every kind and nature whatsoever to said property, or contiguous properties, arising from the approval of this application or construction of required improvements.
- 2. The undersigned hereby grants unto authorized agents and/or employees of the County of Flagler the right to enter upon said property for inspection and enforcement activities. Flagler County reserves the right to require the property owner to implement reasonable measures regarding drainage control including, but not limited to, submittal of signed and sealed engineering drainage plans.

(Signature)	(Printed Name)		
State of			
County of			
Sworn to and Subscribed before me, the _	Day of _ who is personally known t as identification.	•	
(Type of Identification)			
Signature of Notary Public	– Prir	nt, Type or Stamp of Notary	