

**SANTA BARBARA COUNTY FLOOD CONTROL
& WATER CONSERVATION DISTRICT**

DRAINAGE IMPROVEMENT CERTIFICATION

PROJECT NAME _____

TM/TPM# _____

DP/CP# _____

ADDRESS OF PROJECT _____

APN# _____

I, the undersigned California Registered Civil Engineer, hereby certify that I or my authorized agent have inspected the Drainage Improvements (including but not limited to storm drains, drainage inlets, junctions, revetment, ditches, swales, channels and detention basins) required for the approval of the above referenced Project and that the said Drainage Improvements were constructed in substantial conformance with the approved grading and/or Improvement Plans. Sufficient material tests, where applicable, have been taken to assure that Santa Barbara County standards/specifications have been met. Copies of material tests are attached as part of this certification.

DATED _____

SIGNATURE OF CIVIL ENGINEER

TYPED NAME OF CIVIL ENGINEERING/REG NO

FIRM OR COMPANY NAME

Seal

ADDRESS OF FIRM

SUBMIT COMPLETED FORM TO THE SANTA BARBARA COUNTY FLOOD CONTROL & WATER CONSERVATION DISTRICT PRIOR TO OCCUPANCY CLEARANCE REQUEST.