



Flood Plain Permit Compliance Certification

Permit Number: _____

Name(s) of Permittee: _____

Permittee Address: _____

Project address or location: _____

Within thirty (30) days following the completion of the activity authorized or required by the above-referenced permit, the permittee shall sign this certification and return it to the following address with any attached documentation including but not limited to:

Elevation Certificates

Flood Proofing Certificate

Other

Stillwater County Planning Office
Floodplain Administrator
PO Box 1287 / 431 Quarry Road
Columbus MT 59019

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I hereby certify that the work authorized by the above-referenced permit has been completed in accordance with the terms and conditions of said permit. I understand that the Floodplain Administrator may inspect the project for compliance. I further understand that if the work does not meet the terms of the permit, I will take all measures necessary to correct the deficiency.

Name (print)

Title

Signature

Date

Floodplain Administrator:

Signature

Date Received