CITY OF NORTH PORT

AFFIDAVIT OF BEST MANAGEMENT PRACTICE (BMP) COMPLIANCE

Office Use Only **PERMIT #**

DATE: _____

Contractor/Owner Name:	**Type of Work to be Completed:**

Project Address: _____
Lot: _____ **Block:** _____ **Addition**: _____

BMP ATTACHED _____

BMP Approval	Initial	Date

Internal Use Only

I _____ CERTIFY THAT I AM THE CONTRACTOR/OWNER (CIRCLE & INITIAL ONE) OF THE PROJECT DESCRIBED IN THE ABOVE NOTED INFORMATION AND THAT THE PROJECT SHALL ADHERE TO FURTHER STATE THE ATTACHED BMP (T0 BE SUPPLED BY CONTRACTOR/OWNER & APPROVED BY THE CITY) SHALL BE SET-UP AND MAINTAINED DURING THE CONSTRUCTION PHASE OF THE PROJECT THROUGH THE FINAL INSPECTION PROCESS. FURTHERMORE, I AGREE TO ALL SUBJECT FINES AND INSPECTION FEES THAT MAY BE LEVIED AGAINST THE PROPERTY WHEN THE BMP IS NOT ENFORCED. FAILURE TO COMPLY WITH THIS STATEMENT MAY RESULT IN A HOLD ON THE PROPERTY AND NO NEW INSPECTIONS WILL BE CONDUCTED UNTIL REMEDIED OR REPAIRED. THE CITY WILL RESERVE THE RIGHT TO ISSUANCE OF A CITITATION BY CITYS ENFORCEMENT DIVISION.

_____ _____ _____
Contractor Signature Print Name Date

Sworn and subscribed before me this _____ Day of _____20_____

Seal

Notary Name: _____
Notary Public, State of Florida

Personally known _____ or ID Type _____

DEPARTMENT OF ENGINEERING APPROVAL TO PROCEED:

_____ _____
City Engineer Signature/or Authorized Agent Date Approved

Comments:

INSPECTION INFORMATION

Inspection Date/Time	Inspector ID	Date Inspected	Passed/Failed