

ENGINEERING CERTIFICATIONS

Watershed Management Permit No.

CERTIFICATE BY DESIGN ENGINEER: I hereby certify that the project described herein has been designed in accordance with the requirements set forth in this application and all applicable ordinances, rules, regulations, local, state and federal laws, and design criteria of the issuing authority; that the storm drainage and sanitary sewer system designed for this project are proper and adequate; that where the design involves one or more connections to an existing local sewer system, the capacity of said system has been examined and the system is found to be adequate to transport the stormwater and/or wastewater that will be added through the proposed sewer without violating any provisions of the Illinois Environmental Protection Act or the rules and regulations thereunder.

Comments, if any: _____

Engineering Firm: _____ **Telephone:** () - _____

Address: _____ **City:** _____ **Zip:** _____



Signature: _____ **Date:** _____
(Name and Title)

Email Address: _____

CERTIFICATE BY MUNICIPAL OR SYSTEM ENGINEER: The application and the drawings, together with other data being submitted with this application, have been examined by me and are found to be in compliance with all applicable requirements. The manner of drainage is satisfactory and proper in accordance with local requirements. The existing local sewer system to which the project discharges has been examined and the system is found to be adequate to transport the stormwater and/or wastewater that will be added through the proposed sewer without violating any provisions of the Illinois Environmental Protection Act or the rules and regulations thereunder.

I hereby certify that the project area is within the municipal corporate limits. YES NO

Owner of Local Sewer System: _____

Municipal Engineer: _____ **Telephone:** _____

Address: _____ **City:** _____ **Zip:** _____



Signature: _____ **Date:** _____
(Name and Title)

Email Address: _____

CERTIFICATE BY INSPECTION ENGINEER: I hereby certify that construction of the project will be in substantial compliance with the data and the plans submitted with this application; that approval will be obtained from the issuing authority prior to making any changes that would affect capacity, maintenance, design requirements, service area or the Permit requirements; that a set of RECORD drawings, signed and sealed by the undersigned Engineer will be furnished to the District or an Authorized Municipality before testing and approval by the District or Authorized Municipality of the completed work.

Engineering Firm: _____ **Telephone:** _____

Address: _____ **City:** _____ **Zip:** _____



Signature: _____ **Date:** _____
(Name and Title)

Email Address: _____

SPECIAL CONDITIONS

Watershed Management Permit No. _____

This Permit is issued subject to the General Conditions and the attached Special Conditions.

If Permit is granted:

- Please return two (2) copies of the Permit to the Permittee; or
- Please mail one (1) copy to Permittee and one (1) copy to the person designated below:

Name: _____

Address : _____

Email : _____

CERTIFICATE BY APPLICANTS: We have read and thoroughly understand the conditions and requirements of this Permit application, and agree to conform to the Permit conditions and other applicable requirements of the District. It is understood that construction hereunder, after the Permit is granted, shall constitute acceptance by the applicants of any Special Conditions that may be placed hereon by the District or an Authorized Municipality. It is further understood that this application shall not constitute a Permit until it is approved, signed and returned by the Director of Engineering of the District or Enforcement Officer of an Authorized Municipality.

PERMITTEE The project area is within municipal corporate limits. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	CO-PERMITTEE (Co-Permittee is Property Owner) Title to property is held in a land trust: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Co-Permittee shall be beneficiary with Power of Direction
Municipality _____	Owner _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Signature _____	Signature _____
Name _____ (Print)	Name _____ (Print)
Title _____	Title _____
Date _____ Phone _____	Date _____ Phone _____
Email _____	Email _____

REVIEW AND APPROVAL BY THE DISTRICT OR AUTHORIZED MUNICIPALITY

Reviewed by: _____ Date _____
(Local Sewer Systems) or (Professional Engineer)

Approved for Issue

Approved by: _____ Date _____
(For the Director of Engineering) or (Enforcement Officer)