



# City of Salisbury

## APPROVAL/CERTIFICATION BLOCKS

Last Revised: July 25, 2024

### Director's Approval Block for Site Plans, Public Utility As-builts or Private SWM As-builts

<b>APPROVED:</b> <b>CITY OF SALISBURY</b> <b>DEPARTMENT OF INFRASTRUCTURE</b> <b>AND DEVELOPMENT</b>	City Project # _____
_____ Nicholas Voitiuc Director	_____ DATE:

### Developer's Certification for Erosion & Sediment Control Plans

<p><b>"I/WE HEREBY CERTIFY THAT ANY CLEARING, GRADING, CONSTRUCTION AND/OR DEVELOPMENT WILL BE DONE PURSUANT TO THIS PLAN AND THAT ALL RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT."</b></p>	
_____ Representative's Name: <b>(Signed &amp; Printed)</b> (if different than owner's) Owner's Name Address City, State, Zip Code Telephone Number (include area code)	_____ DATE:

### Engineer or Surveyor's Certification for Site Plans (Professional Engineer, Landscape Architect or Land Surveyor) Or for Public Utility As-builts (Professional Engineer)

<p><b>"Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed Professional Engineer/Landscape Architect/Land Surveyor under the laws of the State of Maryland, License No. _____, Expiration Date: _____."</b></p>
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**Director's Approval Block for Subdivision/Resubdivision Plats**

<b>APPROVED:</b> <b>CITY OF SALISBURY</b> <b>DEPARTMENT OF INFRASTRUCTURE</b> <b>AND DEVELOPMENT</b>	City Project # _____
_____	_____
Nicholas Voitiuc Director	DATE:

**Owner/Surveyor Certification Block for Subdivision/Resubdivision Plat:**

<b>"I/WE CERTIFY THAT THE REQUIREMENTS OF REAL PROPERTY SECTION 3-108 OF THE ANNOTATED CODE OF MARYLAND, LATEST EDITION, AS FAR AS IT CONCERNS THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH."</b>	
_____	_____
<b>SURVEYOR: (Signed &amp; Printed)</b>	<b>DATE:</b>
_____	_____
<b>OWNER/REPRESENTATIVE: (Signed &amp; Printed)</b>	<b>DATE:</b>
Representative's Name (if different than owner) Owner's Name Address City, State, Zip Code Telephone Number (include area code)	

NOTE: Add lines when additional owners are involved  
ALL SIGNATURE BLOCKS MUST BE SIGNED & DATED FOR FINAL APPROVAL.  
ALL SIGNATURES MUST HAVE PRINTED NAME.  
SEAL MUST BE LEGIBLE.

**Planning Commission Approval Block for Subdivision/Resubdivision Plat (when required):**

<b>APPROVED:</b> <b>CITY OF SALISBURY, PLANNING &amp; ZONING COMMISSION</b>
_____
Planning & Zoning Commission
DATE: _____



**Owner's Certification Block for Site Plans/Stormwater Management as-builts  
(on same sheet w/ maintenance criteria)**

Owner, Developer, successor or assigns shall ensure all storm water management improvements are completed and maintained per design and as required by regulation including but not limited to gradual slopes away from buildings, drainage area grading, dissipation of flow, minimum disconnection flow path length, separation from nearest impervious surface of similar or lower elevation as appropriate.

Owner, Developer successor or assigns shall responsible for conducting a final inspection to be conducted prior to use and occupancy approval (setting of water meters) to ensure sizing for treatment, grading, separation from nearest impervious surface and permanent stabilization has been established.

Owner, Developer successor or assigns shall prepare independent third-party inspection report of all Storm Water Management improvements sealed by a Professional Land Surveyor, Property Line Surveyor, or Engineer Currently Registered in Maryland and schedule a walk-through with City Storm Water Inspector.

Owner, Developer successor or assigns shall provide an as-built certification block to be executed after project completion.

\_\_\_\_\_  
OWNER/REPRESENTATIVE

\_\_\_\_\_  
DATE:

**Approval Block for Traffic Control Plans:**

**APPROVED:**  
**CITY OF SALISBURY**  
**DEPT. OF INFRASTRUCTURE AND DEVELOPMENT**  
**Maryland Certified Traffic Control Manager**

City Project # \_\_\_\_\_

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature: