City of Salisbury

APPROVAL/CERTIFICATION BLOCKS

Last Revised: July 22, 2026

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

APPROVED:
CITY OF SALISBURY
DEPARTMENT OF INFRASTRUCTURE
AND DEVELOPMENT

City Project # _____

_____ _____

Judy Kuntz
Acting Director

DATE:

Developer's Certification for Erosion & Sediment Control Plans

"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."

_____ _____

Representative's Name: (Signed & Printed)
(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)

"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:_____ ."

Director's Approval Block for Subdivision/Resubdivision Plats

APPROVED:
CITY OF SALISBURY
DEPARTMENT OF INFRASTRUCTURE
AND DEVELOPMENT

City Project # _____

_____ _____

Judy Kuntz
Acting Director

DATE:

Owner/Surveyor Certification Block for Subdivision/Resubdivision Plat:

"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."

_____ _____

SURVEYOR: (Signed & Printed) DATE:

_____ _____

OWNER/REPRESENTATIVE: (Signed & Printed) DATE:

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):

APPROVED:
CITY OF SALISBURY, PLANNING & ZONING COMMISSION

_____ _____

Planning & Zoning Commission DATE:

Wicomico County Planning & Zoning Approval Block for Forest Conservation:

This Subdivision is bound by the agreements as set forth in FCA#_____,
On file in the planning office DATED_____.

or

This project is exempt from the Forest Conservation Act, FCA(E)#_____

or

This site is located within a Priority Funding Area/Critical Area and is exempt from the Wicomico County Forest Conservation Act. A Forest Conservation Exemption Number is not required.

_____ _____

Wicomico County Planning & Zoning DATE:

Chesapeake Bay Critical Areas Approval:

The Property shown on this plat is located within an intensely developed area of the "Chesapeake Bay Critical Area District." No Disturbance of land may occur without a "Chesapeake Bay Critical Area Certificate of Compliance."

_____ _____

City Planner DATE:
City of Salisbury
Department of Infrastructure & Development

Engineer or Surveyor's Certification for Stormwater Management As-builts (signed & sealed by a registered Professional Engineer or Land Surveyor registered in Maryland):

"Professional Certification. I hereby certify that all grading, drainage, structures, and/or systems, erosion sediment control/stormwater practices including facilities, and vegetative measures have been completed in substantial conformance with the approved plans and specifications.
License No._____, Expiration Date:_____ ."

Owner's Certification Block for Site Plans/Stormwater Management as-builts:

"I/WE CERTIFY THAT THIS IMPROVEMENTS CONSTRUCTION PLAN IS SUBMITTED WITH MY/OUR FULL KNOWLEDGE AND CONSENT AND IS IN ACCORDANCE WITH MY/OUR DESIRES AS OWNER/OWNERS."

_____ _____

OWNER/REPRESENTATIVE (Signed & Printed) DATE:
Representative's Name
(if different than owner)
Owner's Name
Address
City, State, Zip Code
Telephone Number
(include area code)

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 Project # _____

CITY OF SALISBURY

DEPT. OF INFRASTRUCTURE AND DEVELOPMENT

Maryland Certified Traffic Control Manager

_____ _____

Print Name: Date:

_____

Signature: