



**As current property owner of the aforementioned property, or authorized representative thereof, I:**

1. Certify that I am aware of my responsibilities related to permanent stormwater controls.
2. Agree to implement the maintenance program included herein or attached.
3. Agree to maintain the permanent stormwater controls in good working condition, acceptable to LFUCG, so that they are performing their design functions.

\_\_\_\_\_ *Signature*                      \_\_\_\_\_ *Printed*  
*Name*

\_\_\_\_\_ *Date*                                      \_\_\_\_\_ *Title*  
\_\_\_\_\_

*Organization*

**Property Owner's Contacts for Compliance**

**Final Construction Inspection:** *Owner or Representative Name:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *E-Mail:* \_\_\_\_\_

**Post-Construction Maintenance:** *Owner or Representative Name:* \_\_\_\_\_

*Organization:* \_\_\_\_\_ *Address:* \_\_\_\_\_

*Phone Number:* \_\_\_\_\_ *E-Mail:* \_\_\_\_\_

**Urban County Government Contact for Compliance**

Representative Name: Lindsie Nicholas, P.E. (MS4 Program Manager)

Organization: LFUCG DWQ Address: 125 Lisle Industrial Ave., Suite 180  
Lexington, KY 40511

Phone Number: 859-425-2400 E-Mail: MS4@lexingtonky.gov

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**--- TO BE FILLED OUT BY LFUCG CONTACT FOR COMPLIANCE ---**

I have received Construction Plans dated: \_\_\_\_\_

I have received all necessary supporting documentation or amendments dated: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

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YES  NO  This site has permanent stormwater controls subject to the LFUCG Permanent Stormwater Controls Inventory & Maintenance Program.

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 I have received an Inspection & Maintenance Plan (described above or in a separate attachment).

I have received contact information for the Final Construction Inspection and Post-Construction project phases.

I have received a copy of the record drawings and the Certificate of Substantial Completion

N/A

Notes: \_\_\_\_\_

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\_\_\_\_\_  
LFUCG Contact for Compliance *Signature* \_\_\_\_\_ *Date*