Mebane Project No.: _____   County: _____

Applicant: _____

Project Name: _____

Date of Issuance of Buffer Authorization: _____

Certificate of Completion

Upon completion of all work approved within the applicable Buffer Rules, and any subsequent modifications, the applicant is required to return this certificate to the City of Mebane Planning Department. This form may be returned to the City by the applicant, the applicant's authorized agent, or the project engineer. It is not necessary to send certificates from all of these.

Applicant's Certification

I, _____, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the City of Mebane's Jordan Lake Riparian Buffer Protection Ordinance, the approved plans and specifications, and other supporting materials.

Signature: _____ Date: _____

Agent's Certification

I, _____, hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the City of Mebane's Jordan Lake Riparian Buffer Protection Ordinance, the approved plans and specifications, and other supporting materials.

Signature: _____ Date: _____

Engineer's Certification
_____ Partial   _____ Final

I, _____, as a duly registered Professional Engineer in the State of North Carolina, having been authorized to observe (periodically, weekly, full time) the construction of the project, for the Permittee hereby state that, to the best of my abilities, due care and diligence was used in the observation of the construction such that the construction was observed to be built within substantial compliance and intent of the City of Mebane's Jordan Lake Riparian Buffer Protection Ordinance, the approved plans and specifications, and other supporting materials.

Signature _____ Registration No. _____

Date _____