DBA UTILITIES FLOODPROOFING
DESIGN CERTIFICATION FORM

Development Permit Number ____________________________________________

I certify that the following proposed utility developments meet or exceed the requirements for flood proofing in accordance with the Minimum Standards and Criteria (MSC) § 2-704(B)(6) and § 2-712 and as noted below:

☐ (1) I certify that the portion of the water distribution system installed within the floodplain boundary at this project site has been designed in a manner that will prevent the infiltration of floodwaters during a base flood event by use of appropriate and accessible water tight shut-off valves and that the distribution system is designed for easy cleanup and sanitization after a flood event.

☐ (2) I certify that the portion of the sanitary sewer distribution (and pumping system if applicable) installed within the floodplain boundary at this project site has been designed to prevent infiltration of floodwater into the sewer system or exfiltration of wastewater into the floodwaters by use of appropriate and accessible water tight shut-off valves, gates, and/or gasket and bolted cover plates.

☐ (3) I certify that the portion of the electrical distribution system installed within the floodplain boundary and below the base flood elevation at this project site has been designed to prevent the infiltration of floodwaters into the raceway system and that a means of disconnecting the power to all circuits within the floodplain boundary has been provided and located outside the floodplain boundary or above the base flood elevation.

☐ (4) I certify that the portion of the telecommunication system installed within the floodplain boundary and below the base flood elevation at this project site has been designed to prevent entry of floodwaters into the raceway system or damage to headend equipment and that the system is design for easy cleanup and sanitization after a flood event.

Signature of Licensed Design Professional:

________________________________________________
SIGNATURE                                      DATE

________________________________________________
PRINT NAME

Affix Professional Seal:

Attachments ☐

(Provide separate certification for each design professional on this project.)