



Planning Department
414 East Callender Street, Livingston, MT 59047
Telephone 406.222.4102 Fax 406.222.4109
Email planning@parkcounty.org

FLOODPLAIN PERMIT COMPLIANCE CERTIFICATION

Permit Number: _____

Name(s) of Permittee: _____

Permittee Address: _____

Project address or location: _____

Within thirty (30) days following the completion of the activity authorized or required by the above-referenced permit, the permittee shall sign this certificate and return it to the following address with any attached documentation including but not limited to:

Elevation Certificate _____ **Flood Proofing Certificate** _____ **Other** _____

Return to: Park County Floodplain Administrator
414 E. Callender St.
Livingston, MT 59047

I hereby certify that the work authorized by the above-referenced permit has been completed in accordance with the terms and conditions of said permit. I understand the Floodplain Administrator may inspect the project for compliance. I further understand that if the work does not meet the terms of the permit, I will take all measures necessary to correct the deficiency.

Name (print) Title

Signature Date

Park County Floodplain Administrator:

Signature

Date Received