



**EROSION AND SEDIMENT CONTROL AFFIDAVIT**

PROJECT: \_\_\_\_\_

PCN#: \_\_\_\_\_

LOCATION: \_\_\_\_\_

I now state under oath that I will perform all land disturbing activities on this project, for which I am responsible for or upon land I own, in accordance with the provisions of Ordinance K-421 of the City of Fort Pierce aka Erosion and Sediment Control Ordinance and also within the obligations set forth in my Erosion and Sediment Control Plan as approved by or modified by the City of Fort Pierce. I acknowledge that the City of Fort Pierce Erosion and Sediment Control Ordinance is based on rules and regulations promulgated by the State of Florida in accordance with NPDES.

- With my signature on this document, let it be known to all that I have received a copy of the City of Fort Pierce Erosion and Sediment Control Ordinance.
- With my signature on this document, let it be known to all that I am aware of and I will comply with the provision for establishing temporary and permanent ground covers as per the ordinance.
- With my signature on this document, let it be known to all that I will install all reasonable measures to protect all public and private properties from any sediment damage as a result of my land disturbing activities. I will keep my sediment on my site.
- With my signature on this document, let it be known to all that I am aware of the rules and regulations regarding buffer zone requirements as per the Ordinance.
- I agree to comply with the provision of my Erosion and Sediment Control Plan as approved or modified by the City of Fort Pierce, the above statements and the rules, regulations and requirements of Ordinance K-421 of the City of Fort Pierce Erosion and Sediment Control Ordinance.

Witness my signature below:

Person Responsible or Representative for Project: \_\_\_\_\_

Land Owner: \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, the, \_\_\_\_\_ of \_\_\_\_\_, who personally appeared before me, is personally known to me (  ), or has produced \_\_\_\_\_ as identification, and who did (  ) or did not (  ) take an oath.

**GIVEN UNDER MY HAND AND SEAL OF OFFICE** this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

Notary Public

\_\_\_\_\_