



I,						
Management Plan and asso described therein		s and agathe	ree to prope	implemen erty	it the requ	iirements as:
Owner's Name:						
Address:						
City:	State:			Zip	o:	
Phone Number:		_ F	ax Nu	mber:		
E-mail, (if available):						
Owner's Signature:]	Date:		
State of	§					
County of	§					
Before me, a notary public, o known to me (or proved to a person whose name is subset that he/she executed the same	me on the oath cribed to the fo	of regoing in	nstrum	ent and ac	knowledg	to be the ed to me
Given under my hand and se	eal of office this	da	y of			·
Notary Public Signature & S	beal		-			
Permit #:						
Project Name:						
Project Description:						
Project Location:						
Once executed, please return the original SWQMP, to:	l affidavit and Enginee	er's Certification	on – Orig	inal Certification	on, along with	your original
City of Houston Houston Public Works Storm Water Quality Engineer 1002 Washington Ave. 2nd Floor						

Houston, Texas 77002