

**VOLUSIA COUNTY**  
**AFFIDAVIT OF DRAINAGE CONTROL FOR RESIDENTIAL**  
**AND MINOR COMMERCIAL CONSTRUCTION**

**I OWNER/SITE INFORMATION:**

1. Name of Owner \_\_\_\_\_
2. Address of Owner \_\_\_\_\_
3. Phone No: Home \_\_\_\_\_ Office \_\_\_\_\_
4. Parcel Number for site \_\_\_\_\_

BP# _____ (Office Use Only)
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**II CERTIFICATE OF COMPLIANCE:**

The undersigned owner of the above described property, being fully aware of the provisions of Section 104.1.7 Chapter 22, Code of Ordinances, as amended, hereby certifies that development of the above described property will not result in:

1. Flooding of adjacent lands.
2. Blockage of existing drainage systems, natural or manmade.
3. The destruction of existing drainage systems, natural or manmade.
4. Erosion of fill or disturbed materials onto adjacent lands or environmentally sensitive areas (as determined by the environmental control officer).
5. The destruction of roadside drainage swales, roadway pavement and/or shoulders.
6. Flooding of proposed structure during a 100-year-frequency storm or construction to an elevation less than that indicated on the floodprone maps as are available in the growth management department.
7. Inadequate on-site drainage in the vicinity of the proposed structure.

**IV RELEASE AND AUTHORIZATION:**

1. The undersigned hereby releases and holds harmless the County of Volusia and its authorized agents and/or employees from any and all claims of damage of every kind and nature whatsoever to said property, or contiguous properties, arising from the approval of this application or construction of required improvements.
2. The undersigned hereby grants unto authorized agents and/or employees of the County of Volusia the right to enter upon said property for inspection and enforcement activities. Volusia County reserves the right to require the property owner to implement reasonable measures regarding drainage control including, but not limited to, submittal of signed & sealed engineered drainage plans.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Printed Name

State of Florida  
County of \_\_\_\_\_

Sworn to and Subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_,  
who is personally known to me or has produced \_\_\_\_\_ as identification.  
(Type of ID)

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Print, Type or Stamp Name of Notary

Notarial Seal