



**TOWN OF ACTON**  
472 Main Street  
Acton, Massachusetts, 01720  
Telephone (978) 929-6630  
Fax (978) 929-6340

**Engineering Department**

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[DATE]

**Land Disturbance Permit – As-Built Certification**

[APPLICANT NAME]  
[APPLICANT ADDRESS]  
[CITY, STATE ZIP]

[QUALIFIED CONSULTANT NAME]  
[QUALIFIED CONSULTANT ADDRESS]  
[CITY, STATE ZIP]

RE: [PERMIT NUMBER]

SITE: [ADDRESS] [MAP/PARCEL ID] Acton, MA

In accordance with Chapter X of the General Bylaws, and Section 5.8 of the Land Disturbance Permit Rules and Regulations, I [QUALIFIED CONSULTANT] certify that all features required by the approved plans, decisions or orders have been field inspected and the site has been constructed in accordance with the approved permits. Any non-conforming features are clearly noted on the as-built plan and I certify that the stormwater system as constructed functions as approved.

Signature: \_\_\_\_\_

PE# \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

**Certification (stamp):**

