**OWNER’S CERTIFICATION**

AFFIDAVIT OF ACTUAL COST OF CONSTRUCTION, ENLARGEMENT OR REMOVAL OF DAM

(COST OF COMPLETED PROJECT)

1. Name of Dam (STATE-ID): Click or tap here to enter text. (STATE-ID)
2. County in which Dam is Located: Click or tap here to enter text.
3. Dam Owner
	1. Name: Click or tap here to enter text.
	2. Address (Street, City, State, Zip): Click or tap here to enter text.
	3. Phone No.: Click or tap here to enter text.
	4. Email: Click or tap here to enter text.
4. Authorized Representative of Owner (if applicable)
	1. Name: Click or tap here to enter text.
	2. Address (Street, City, State, Zip): Click or tap here to enter text.
	3. Phone No.: Click or tap here to enter text.
	4. Email: Click or tap here to enter text.
5. Engineer of Record
	1. Name: Click or tap here to enter text.
	2. Address (Street, City, State, Zip): Click or tap here to enter text.
	3. Phone No.: Click or tap here to enter text.
	4. Email: Click or tap here to enter text.
6. Actual Cost of (Construction, Modification, or Removal) Select the type of application of dam**1**: $ Enter total cost of construction work
7. Additional Application Processing Fee Enclosed: $ Enter additional application processing fee

In accordance with § 143-215.28A. and 15A NCAC 02K .0222, I, Click or tap here to enter text., agree that the above information is true and correct to the best of my knowledge and belief and was provided by me under oath.

Type and Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title of Authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public of the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the State of North Carolina, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ appeared personally before me this day and being duly sworn acknowledge that the above form was executed by him/her.

Witness my hand and notarial seal, this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_.

 Seal: Notary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_