

Gallia County  
Floodplain Management

**Anchoring Certification**

Owners Name: \_\_\_\_\_

Address of structure: \_\_\_\_\_  
\_\_\_\_\_

I certify that the mobile home referenced above has been properly secured as required by Section 4.4 A-F of the *Gallia County Special Purpose Flood Damage Reduction Regulations* adopted October 16, 2003.

I have attached drawings and a description indicating the method used.

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

\_\_\_\_\_  
Title Phone

\_\_\_\_\_  
Type of License License Number

\_\_\_\_\_  
Address

