

Gallia County  
Floodplain Management

# Certificate for Engineered Openings

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

Address of development: \_\_\_\_\_  
\_\_\_\_\_

Project: \_\_\_\_\_

I certify that the opening(s) designed\* for installation in the afore-mentioned building will allow for the automatic equalizing of hydrostatic flood forces on exterior walls by allowing for the automatic entry and exit of floodwater during floods up to and including the base (100-year) flood as required in Sections 4.4.A-C & E-G and 4.5.A-B of the *Gallia County Special Purpose Flood Damage Reduction Regulations Adopted 10/16/2003*.

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

\_\_\_\_\_  
Printed Name and Title

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

\_\_\_\_\_  
Address

(\*Attach all drawings)

