

CONSENT REQUEST COMPLETION CERTIFICATE

Owner Name on Consent Application: _____
(Please Print)

Contractor Name on Consent Application: _____
(Please Print)

Location of Work: _____
(Please Print)

I _____ hereby certify that I am the responsible party for work performed under St. Bernard Port, Harbor and Terminal District Consent Letter # CUP _____. Furthermore, I certify, as evidenced by my signature below, that all work described in Consent Request # CUP _____ has been completed and there are no obstructions or hazards above or below the surface of the waterway. The site has been left free of trash, chemicals, lubricants and any other potentially harmful items.

Signature

Date

Please return completed form to:
St. Bernard Port, Harbor and Terminal District
Attention: Ted Roche
P.O. Box 1331
Chalmette, La. 70044