

**Planning and Development Services Department**

**Project Address:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

**Permit #** \_\_\_\_\_ **Special Inspection Agency or Agent:** \_\_\_\_\_

This is to certify that I or qualified individual(s) working under my direction inspected and/or tested the following items in accordance with the City of Overland Park Design and Construction Standards, approved plans and specifications. I have found that the work is in substantial compliance with the City of Overland Park Design and Construction Standards, approved plans and specifications.

**Check appropriate items for Vegetated Filter Strips:**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>FINAL GRADES AND LOCATIONS CONFORM WITH CONSTRUCTION PLANS</b> | <input type="checkbox"/> <b>FLOW SPREADERS INSTALLED AT LOCATIONS/ELEVATIONS SHOWN ON PLANS</b>          |
| <input type="checkbox"/> <b>FLOW ENTERS/EXITS VFS AS SHEET FLOW</b>                        | <input type="checkbox"/> <b>PLANT MATERIALS MEET SIZE, DENISTY, TYPE, AND LOCATION AS SHOWN ON PLANS</b> |
| <input type="checkbox"/> <b>MULCH NETTING INSTALLED PER MANUFACTURER'S SPECIFICATIONS</b>  | <input type="checkbox"/> <b>TYPE AND THICKNESS OF MULCH INSTALLED PER PLANS</b>                          |
| <input type="checkbox"/> <b>OTHER</b> _____  |  |

**Professional Seal** \_\_\_\_\_

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

Submit to: Engineering Services Division  
Planning and Development Services Department  
City of Overland Park  
8500 Santa Fe Drive  
Overland Park, KS 66212  
eod@opkansas.org  
Phone: 913-895-6223 Fax: 913-895-5016