



ADDRESS: _____ BUILDING PERMIT NO. _____

******Documents to be on site at time of inspections******

Req'd	Rec'd	N/A	Forms inspection	Inspectors Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sealed Site Survey Certificate	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Engineer – Field Report for Footings	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Engineer – Field Report for Foundation	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical Engineer – Field Report for Soil Bearing	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical Engineer – Field Report for Site Excavation	_____

Req'd	Rec'd	N/A	Slab	Inspectors Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compaction Report	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dampproofing Report	_____

Req'd	Rec'd	N/A	Sheathing	Inspectors Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Sheathing Review	_____

Req'd	Rec'd	N/A	Frame	Inspectors Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Frame Review	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sealed Roof Truss Specs	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sealed I Joist Floor Layout	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mechanical Ventilation Checklist	_____

Req'd	Rec'd	N/A	Insulation	Inspectors Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler engineers report	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spray foam letter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spray foam installers certification documents	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spray foam installation documentation	_____

Req'd	Rec'd	N/A	Final	Inspectors Initials
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural CB	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical CB	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Suppression CB	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Letter or Plumbing CB Soil Amendment	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing CB (storm water management system)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing CB Rock Pit	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Structural Engineer Letter for Window Well	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Retaining Wall CB Struct./Geo.	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engineers letter for glass guard rails	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vapour Barrier Paint Letter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treated Wood Compliance Letter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contractors Insulation Report (spray foam)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vinyl Decking Roofing Compliance Letter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Potability Letter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Well Potability lab results	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Septic Authorization to Operate Letter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suite / TRU Covenant Registered	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DGS & Parking Covenant Registered	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage pump Covenant Registered	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flood Plain Covenant Registered	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fraser River escarpment Covenant Registered	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storm Sewer pump Covenant Registered	_____

- Plan Checker to check (√) which documents are required _____ INITIAL
- DST's to do final review of all documents prior to issuing Occupancy _____ INITIAL

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