



DEVELOPMENT COMPLETION CHECKLIST

Development: _____

Development Address: _____

1) **Development Permit #:** _____

2) **Building Permit #:** _____

Foundation Inspection

Framing Inspection

Final Inspection Date: _____

PSR Date: _____

Verification of Compliance Date: _____

3) **Electrical Permit #:** _____

PSR Date: _____

Verification of Compliance Date: _____

4) **Plumbing Permit #** _____

PSR Date: _____

Verification of Compliance Date: _____

5) **Gas Permit #** _____

PSR Date: _____

Verification of Compliance Date: _____

6) **Final Rough Grade Certificate - Submitted-** Date: _____

7) Condition of the Sidewalks, Curbs & Gutter: _____

Inspection Date: _____

Return Securities to:	Name: _____	Contact # _____
	Mailing Address: _____	
	City: _____	Postal Code: _____

Signature of Owner/ Authorized Agent

Date

5513 - 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

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