



## Construction Completion Certificate – Checklist

Development: \_\_\_\_\_

Utilities: \_\_\_\_\_

<b>Requirement</b>	<b>Submitted</b>	<b>Outstanding</b>	<b>N/A</b>
3 copies of the Town of High River's CCC form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attached Letter Sized Plans Highlighting Local Improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compaction Test Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete Test Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt Test Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Test Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrant Certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewer Video and Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structural Design of Asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lot Service Cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bacteria Testing Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

\* This checklist is for information purposes only. This checklist is not all inclusive and certain developments may require additional submissions. For more information refer to your Development Agreement or contact the Town of High River at 403-652-2110.