



TOWN of LAKESHORE CONSTRUCTION CHECKLIST

Last Revised December 17, 2009

Project Name: _____

Project Location: _____

Date Submitted: _____

	Name	Phone Number	E-mail Address
Owner:	_____	(____) _____	_____
Contractor/ Engineer:	_____	(____) _____	_____
Applicant: (If different than the Owner)	_____	(____) _____	_____

Section 1 of the following checklist shall be completed and submitted to the Town prior to construction. Section 2 shall be completed immediately after construction. Incomplete submittals will be returned to the applicant. The checklist is to be used in conjunction with the latest edition of the Town of Lakeshore Development Manual. Checklist Section numbers correspond to those of the Development Manual.

To obtain or view the online copy visit:

http://www.lakeshore.ca/businessresources/engineering_dev.asp

Please check the website prior to completion of the checklist to ensure that the current version of the Development Manual is being used.

Review the Development Manual and complete each section below answering if the submitted plans meet the Manual criteria by checking "Yes", "No", or "N/A". Any "No" answers must be accompanied by a narrative detailing the rationale (see Section 3).

1. Pre-Construction

The following items shall be addressed:

Development Requirements Prior to Construction	Yes	No	N/A
2.13 Pre-construction Meeting <i>Consulting Engineer to chair a preconstruction meeting a minimum of seven (7) days prior to the start of construction.</i> The following items shall be addressed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Status of Contract Documents:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Certificates/Bonding submitted to Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WSIB Clearance submitted to Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOL Notification submitted to Town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List of Supervisory Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency and Home Telephone Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction Access Route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise and Dust Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Municipal Inspection Notification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suppliers and Subcontractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Project Items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Construction Survey / Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traffic Control / Detouring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gen. Requirements During and Immediately After Construction	Yes	No	N/A
3.1 Public and Agency Notification			
Ambulance Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Canadian Coast Guard (re: Navigable Waters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County Engineer (re: County Roads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essex Region Conservation Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower Thames Valley Conservation Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry of Labour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ministry of Transportation (re: Provincial Roads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Boards (Transportation Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sewage Treatment Plant Operators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Treatment Plant Operators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Job Meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initial Meeting Date: _____			
Meeting Frequency: _____			
3.3 Consultants Inspection and Quality Assurance Testing Services			
Inspector Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Company: _____			
Assurance Testing Company: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gen. Requirements During and Immediately After Construction (Continued)	Yes	No	N/A
3.4 Municipal Inspection Developer / Consultant Contact: Name: _____ Company: _____ Phone Number: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Municipal Inspector: _____ (To be completed by Town)			

2. Post-Construction

Gen. Requirements During and Immediately After Construction	Yes	No	N/A
3.5 Municipal Acceptance of Services and Assumption of Development Date of Acceptance: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5.1 Delay in Accepting Surface Asphalt Surface asphalt will be delayed _____ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Maintenance Period Start Date: _____ End Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.7 Clean-Up Construction site and adjacent roadways are neat and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.8 Lot Servicing Sheets/Registered Lot Creation Drawings Submitted to the Municipality on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.9 Record Drawings Submitted to the Municipality on _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.10 Building Permit Issuance Issue Date: _____ (To be completed by Town)			
3.11 Model Homes Model home(s) permit has been requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Additional Comments

Use the space below to provide explanations and comments for any "No" answers, as well as any site specific information that may be of use. Attach additional copies of this page if necessary.

Item No.	Explanation
<i>Example</i>	
3.3	<i>Quality Assurance Testing firm to be determined. Name of company to be sent to the Town prior to the start of construction.</i>