**Pre-Construction Meeting Checklist**

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

Project/Site Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Developer/Owner Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contractor Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Design Engineer Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geo-Technical Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Items of Review**

Check Plans for Approval Signature by Planning Commission [Approval Date: \_\_\_\_\_\_\_\_\_\_\_\_\_]

[File Contains Latest Approved Plans: Yes  No  ]

Check All Sheets of Plans for Design Engineer’s Seal

Inspection and Maintenance Agreement [Date/or Liber/Folio: \_\_\_\_\_\_\_\_\_\_\_\_\_]

Performance Surety Accepted [Date: \_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

Handout: Third Party Inspection Procedures for S-3 Policy and SWM Ordinance Policy Number 7-5.1

Handout: Critical Inspection Checklists must be completed and returned with As-Built Submittal

Review Sequence of Construction. Any changes must be approved by the SCD

Any revisions to plan must be approved by Washington County Department of Plan Review & Permitting

Grading Permit to Be Issued Upon Review of Files and Completion of Items Above

I indicate by my signature that; I understand my responsibility to comply with approved stormwater management plans; that I have received copies of the Critical Inspections Checklist; that I have received copies of the Washington County Public Works Policy No. 7-5.1; and that the items listed above have been explained to me during the pre-construction meeting.

Owner/Developer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_