

Site Address/Project Name: _____

ESC Supervisor Name: _____
Email *Phone*

Site Superintendent Name: _____
Email *Phone*

Developer or Agent Name: _____
Email *Phone*

Date: _____ File #: _____

| Item and/or Location to Check | Yes | No |
|--|--------------------------|--------------------------|
| Have all relevant permits been issued? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have all ESC Plans and Submissions been received and approved by City? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have all Fees and Securities been paid in full? | <input type="checkbox"/> | <input type="checkbox"/> |
| Stream and Drainage System Protection Bylaw No. 4403, 2013 and ESC Plan expectations understood and reviewed with all in attendance. | <input type="checkbox"/> | <input type="checkbox"/> |
| If applicable, Stream and Drainage System Protection Bylaw Schedule D Real-Time Monitoring Requirements reviewed. | <input type="checkbox"/> | <input type="checkbox"/> |
| Is site signage displayed/erected and as per format prescribed by the City? | <input type="checkbox"/> | <input type="checkbox"/> |
| Construction hours explained to contractor and or developer? | <input type="checkbox"/> | <input type="checkbox"/> |
| Site perimeter and or property lines marked out? | <input type="checkbox"/> | <input type="checkbox"/> |

Notes:

Signatures

ESC Supervisor: _____

Site Superintendent: _____

City ESC Representative: _____

City Engineering Inspector: _____

Developer or Duly Authorized Agent: _____