

SITE CERTIFICATION

(Required for Building Residential New (BRN) permits not additions or remodels)

DDRESS:		PERMIT #				
ОТ:	BLOCK:	SUBDIVISION	I:			
***	PLEASE DO NOT SCH	IEDULE AN EDR INSP	ECTION UNTIL	SITE IS RE	ADY ***	
structure, all drainag plan elevations. Tol minimum elevation substantial conform	ge swales, and other locati erance for top of foundation. The slopes, elevations and ance with the City of Greel	l address were measured at ions as shown or needed, an elevation is 0.15 foot post drainage patterns as measurey approved plot plan and sugineer in the state of Color	and are within the 0 tive (higher) only, a tred provide consist ubdivision grading	.15-foot tolerand may not be tent, positive dr	nce of the a less than trainage, an	approved plot the approved and are in
item marked "no," that with the constru	please add adequate notati	wing questions by initialing ons on the Site Certification ill drain properly, and that l.	n Drawing to justify	the exception	and includ	le a statement
➤ All measured	elevations are within 0.15'	tolerance.			Yes	No
Measured elev (minimum 2%	vations (minimum of six inc	ches (6") below soil adjacer nes are attached to this certi			Yes	No
➤ The top of win	ndow wells at this home are window wells to allow for	e a minimum of six inches r sod or mulch installation,			Yes	No
A copy of the other elevation	A copy of the City approved plot plan with measured (circled) corner, side lot elevations and any other elevations as shown on the City approved plot plan, or needed to depict drainage patterns, is attached to this certification.				Yes	No
 Downspouts a front or back, designed to flo ensure that dra 	re shown on the revised plo away from the structure, show to a swale which is direct ainage will not encroach on	ot plan drawing. Any downs all either be piped toward to cted to the front or the back to the adjacent lot, and is no cent lot is vacant, protection	ne front or the back with adequate proto t directed toward a	, or are ection to	Yes	No
	oes not extend beyond prop		must be provided.		Yes	No
I acknowledge this lot.	that City staff may need 2	business days to review th	e Certification of O	occupancy for	Yes	No
Engineering/Survey	ring Firm Name (please prin	nt)		Phone		
Address		City		State	Zip	
Builder Contact Na	me (please print)			Phone		
	For office use or	nly	Seal			Rev. 1/28/202
Staff signature		 Date	_			