|  |  |  |  |
| --- | --- | --- | --- |
| Project Name |  |  |  |
| Institution |  |  |  |
| Location |  |  |  |
| SBC No.: |  |  |  |

A final inspection has confirmed that

|  |  |  |
| --- | --- | --- |
| **Final Completion was achieved on** |  |  |

 *Mark only one of the following.*

|  |  |
| --- | --- |
|  | for all of the Work of the contract. |

|  |  |  |
| --- | --- | --- |
|  | for only the portion of the Work identified below: *Fill in a description below only if this box is checked* | *.* |
|  |  |

 *Leave space above blank if inspection is for all of the Work of the Contract,
 and mark only one of these in each row below.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| SWPPP |  | does not apply. |  | Final Stabilization done at SC |  | Final Stabilization done now |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Commissioning |  | does not apply. |  | done at SC |  | done now |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Record Documents |  | are complete |  | are not complete |  |  |

 *Mark only one of the following.*

Other corrections, required by the Contractor’s warranty of the Work ...

|  |  |
| --- | --- |
|  | were not in evidence at this time. |

|  |  |
| --- | --- |
|  | were also found or reported, and a list of items to be corrected is attached. |

 *If the latter of the two boxes above is marked, provide an attached list.*

 *Fill in signatory name and company name below the signature line.*

Designer Signature:

|  |  |
| --- | --- |
|  |  |
|  |  |