

Site Meeting Checklist

Job number: _____ Home owner: _____ Date: _____
 Home phone: _____ Business/work phone: _____
 Model of house: _____ Garage on: Left Right
 Lot address (street and lot number): _____
 City: _____ County: _____ Township: _____
 Lot size: _____ Setback: _____ ft. From: _____
 Sidelines seen from street: Left: _____ ft. Right: _____ ft.

Part I

Explain to the home owners and check yes, no, or not applicable (NA) after doing so.

	Yes	No	NA
Lot previously filled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property pins located	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lot surveyed by a licensed surveyor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner prewire phone/TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easements/restrictive covenants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss change orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discuss allowances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash and cleanup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary downspout lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage floor elevation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who and when owner should call for information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home owners' responsibilities list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change order from site meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reroute field tile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoning permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dirt removed from drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional excavation or cut swale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive/permit/culvert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clear lot, stumps, trees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No move-in until closing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommend change location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric for well pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special comments: _____

Home owner(s) signature(s): 1. _____ Date: _____
 2. _____ Date: _____

Part II

Utilities

Electric company: _____ 100 amp 200 amp

Service location: _____ Overhead Underground

Application made: Yes No

Temporary pole: Yes No 100 amp 200 amp
Overhead Underground

Panel location: _____

Mast pipe: Yes No Displaced service: Yes No

Underground service by: Home owner Electric company

Sewer location: _____ Sewer depth: _____

Septic location: _____ Type of system: _____

Wastewater exit: _____ Through: Footing Foundation wall

Electric circuit needed for septic system: Yes No Supplied by:
Home owner W/H

City water: Yes No Well: Yes No

Location of water line into house: _____

Location of pressure tank: _____

Pressure regulator required: Yes No

Electric circuit needed for well: Yes No Supplied by:
Home owner Builder

Natural gas: Yes No Name of company: _____

Application made: Yes No

Length of exterior gas line: _____ Size of exterior gas line: _____

Liquid propane: Yes No Location of tank: _____

Length of interior gas line: _____ Size of interior gas line: _____

Location of gas line exit: _____

Footing sump: Yes No Laundry sump: Yes No

Natural footing drain: Yes No Length: _____ft.

Extra fill needed: Yes No Location: _____

Type of fill: _____ Supplied by: Home owner Builder

Extra block needed: Yes No Maybe Amount: _____

Home owner(s) signature(s): 1. _____ Date: _____

2. _____ Date: _____

Part III

Superintendent

Indicate on the plans:

- Present grade
- Finish grade
- Extra block for foundation
- Footing sump location
- Laundry sump location
- Water line location
- Pressure tank location
- Wastewater exit
- Electric service
- Electric panel
- Gas line exit
- Washer and dryer
- A/C or heat pump location

Indicate on plot plan:

- House location (setbacks)
- Temporary pole
- All elevations
- Measurements
- Existing structures
- Propane tank
- All utilities
- Natural drain
- Drive
- Stake temporary power pole
- Post builder's sign
- Post MSDS sign

Special comments: _____

Superintendent's signature: _____ Date _____