



County of Wetaskiwin No. 10

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Strong Proactive Leadership • Safe Progressive Communities

CONSTRUCTION COMPLETION CERTIFICATE

Development Area: _____ Development Name: _____

Developer: _____

Residential Servicing Agreement Dated: _____ Agreement No.: _____

Contractor: _____

Municipal Improvement: _____

Boundaries of Development Area: _____

Date of Application: _____

PURSUANT OF THE COUNTY OF WETASKIWIN NO. 10 DEVELOPMENT AGREEMENT NO. _____

DATED _____, I _____, OF THE FIRM _____

“CONSULTING ENGINEERS”, HEREBY, CERTIFY THAT THE MUNICIPAL IMPROVEMENT WORK NOTED HEREIN MEETS ALL THE REQUIREMENTS FOR A CONSTRUCTION COMPLETION CERTIFICATE AS SPECIFIED IN THE SAID RESIDENTIAL SERVICING AGREEMENT MENTIONED ABOVE, CONSTRUCTED AS FAR AS CAN BE PRACTICALLY ASCERTAINED ACCORDING TO THE COUNTY OF WETASKIWIN NO. 10 SERVICING STANDARDS MANUAL IN COMPLIANCE WITH THE REQUIREMENTS OF THE SAID AGREEMENT, AND I HEREBY RECOMMEND THIS MUNICIPAL IMPROVEMENT FOR APPROVAL OF THE CONSTRUCTION COMPLETION CERTIFICATE.

Project Engineer (Consulting Engineering Firm) Date _____

Signing Office (Consulting Engineering Firm) Date _____

Authorized County Inspector Date _____

Consulting Engineer’s Seal

Conditional Approval on _____ 20_____
County Engineer / Representative

Conditions (or see attached report) _____

Approved on _____ 20_____
County Engineer / Representative

Rejected on _____ 20_____
County Engineer / Representative

Cause(s) for Rejection: (See attached report) _____

I hereby certify that the items listed as reasons for rejection have been corrected.

Project Engineer (Consulting Firm) Date _____

Approved: _____ Date _____
County Engineer / Representative

Date Maintenance Period to Start: _____ Date Maintenance Period to End: _____