



**FOUNDATION PERMIT CHECKLIST  
AND PERMIT SIGN OFF SHEET**

**SHUSWAP INDIAN BAND  
DEVELOPMENT AND BUILDING DEPARTMENT**

Unit 1A Arrow Road, Invermere, BC V0A 1K0 • Tel: (250) 341-3678 • Fax: (250) 341-3683 • Email: building@kinbasket.net

**FOUNDATION PERMIT CHECKLIST AND PERMIT SIGN OFF SHEET**

**Foundation Permit Number:** \_\_\_\_\_

**Permit Holder's Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_  
\_\_\_\_\_

**Project Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Legal Description** Lot: \_\_\_\_\_  
Plan: \_\_\_\_\_  
\_\_\_\_\_

The intent of this document is to identify to the Shuswap Building Review Consultant that certain tasks have been completed and the specific consultants have been to the site to review the work. **All deficient items shall be addressed to the Building Permit Holder directly under separate issue** with duplicate copies sent to the Shuswap Building Review Consultant.

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Office use	Applicant to complete	The following sections need to be signed off by the applicable parties.
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>1. Verification Survey</b></p> <p>Excavation may be completed and foundation strip forming set up. Prior to pouring any concrete, the contractor shall have a surveyor complete a <b>VERIFICATION SURVEY</b> to ensure that the foundation form work has been set up in the correct location. The Surveyor shall verify the locations as well as elevation.</p> <p>The contractor shall have the surveyor sign below indicating that they have completed a <b>VERIFICATION SURVEY</b> and that the surveyor will provide the Shuswap Building Permit Department with a letter or certificate of compliance.</p> <p>Survey company: _____</p> <p>Date of verification survey: _____</p> <p>Name of surveyor: _____</p> <p>Signature of surveyor: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>2. Strip Footing Review – prior to pouring concrete.</b></p> <p><b>Reviewed by Shuswap Building Consultant</b></p> <p>Company name: _____</p> <p>Name of person completing review: _____</p> <p>Date of review: _____</p> <p><input type="checkbox"/></p> <p><b>Reviewed by Structural Engineering Consultant</b></p> <p>Company name: _____</p> <p>Name of person completing review: _____</p> <p>Date of review: _____</p>

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<input type="checkbox"/>	<input type="checkbox"/>	<p><b>3. Foundation Wall Review – prior to pouring concrete.</b></p> <p><b>Reviewed by Shuswap Building Consultant</b></p> <p>Company name: _____</p> <p>Name of person completing review: _____</p> <p>Date of review: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>Reviewed by Structural Engineering Consultant</b></p> <p>Company name: _____</p> <p>Name of person completing review: _____</p> <p>Date of review: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>4. Water and Sewer Services Review</b></p> <p><b>Reviewed by Shuswap Water &amp; Sewer Consultant</b></p> <p>Company name: _____</p> <p>Name of person completing review: _____</p> <p>Date of review: _____</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p><b>5. Electrical Services Review (as required)</b></p> <p><b>Reviewed by BC Safety</b> _____</p> <p>Company name: _____</p> <p>Name of person completing review: _____</p> <p>Date of review: _____</p>

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## **Finalization of Foundation Permit**

Upon finalization of each review stage the contractor shall have the review section of this checklist signed off by the appropriate person(s) indicating they have completed that construction review.

Once the foundations and site services are complete the contractor shall return this checklist to the Shuswap Building Review Consultant.

## **Shuswap Building Review Consultant**

Building Consulting Services  
Box 12 , Invermere , BC  
V0A 1K0

Tel: 250-341-3395

Attn: Kevin S. Wilkins