



Village of Almont

Department of Public Works

Right of Way/Utility Inspection Form

Property Owner: _____ Phone: _____

Company Name: _____ Phone: _____

Address: _____

Sanitary:

Sanitary Manhole, existing or new at the correct elevation Yes No N/A

Sanitary clean out constructed Yes No N/A

Sanitary clean out at the correct elevation, not buried Yes No N/A

Sanitary Service Material and Size PVC Clay ABS Iron Orangeburg

Comments: _____

Date of Inspection: _____

Water:

Gate Valve, existing or new at the correct elevation Yes No N/A

Fire Hydrant, existing or new in good working order Yes No N/A

Fire Hydrant, pumper nozzle 18" above grade Yes No N/A

Curb Box, not bent, not buried and operates properly Yes No N/A

Water Meter Installed Yes No N/A

Water Meter radio transmitter Yes No N/A

Sprinkler Meter Installed with back flow device Yes No N/A

Water Service Material and Size PVC Copper Galvanized Lead

Comments: _____

Date of Inspection: _____

Storm:

Sump Pump Line connected to sump pump lead Yes No N/A

Finished Grade Survey completed Yes No N/A

Storm runoff does not flow into neighboring properties Yes No N/A

Storm Manhole, existing or new at the correct elevation Yes No N/A

Soil erosion control methods in place (silt fence etc..)

Comments: _____

Date of Inspection: _____

Streets and Sidewalks:

Public Streets Clean	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sidewalks Clean	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Damage to existing sidewalk caused by construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Damage to existing street or approach caused by construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Landscaping (tree)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments: _____			

Date of Inspection:			

Culverts/Driveway

Proper Grade	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sufficient culvert pipe size	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Sufficient cover	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Steel corrugated pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Proper joints (if multiple sections of pipe)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments: _____			

Date of Inspection:			

Map the location for: Water/Sewer Storm and Utilities

All Inspections have been completed and recommended repairs have been made: Yes No

All repairs must be complete before Certificate of Occupancy is Approved.

All fees have been Paid to the Village Yes No Date: _____

Certificate of Occupancy Approved Yes No Temporary C of O issued Yes No

DPW Supervisor Signature

Date