

Certified Professional (CP) Program Monthly Site Review Report Form

11995 Haney Place, Maple Ridge, BC V2X 6A9
Phone: 604-463-5221 Email: Enquiries@MapleRidge.ca

| This form must be submitted directly to | o the Building Official. | | | |
|---|--------------------------------------|--------------------------------------|----------------|--------------|
| Project Name: | | | | |
| Civic Address: | | | | |
| Building Permit No.: Date: | | | | |
| Actions/Activities | | | | |
| City Building Official Atten | ☐ Yes | □ No | | |
| Job Progress (Attach Separate S | | | | |
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| | | | | |
| Field Reviews Perfori | med | | | |
| Registered | No. of Reviews | Registered | No. of Reviews | |
| Professional | | Professional | | |
| Architect: | | Coordinating Registered | | |
| | | Professional: | | |
| Geotechnical Engineer: | | Civil Engineer: | | |
| Structural Engineer: | | Electrical Engineer: | | |
| Markania I Farina | | Otherway | | |
| Mechanical Engineer | | Other (Please Specify): | | |
| Fire Suppression | | Other (Please Specify): | | |
| Engineer: | | | | |
| Certified Professional has | ☐ Yes | □ No | | |
| Copies of Each Monthly Field Review Reports are Attached and Available On-Site: | | | ☐ Yes | \square No |
| | | | | |
| Revisions/Amendme | nts | | | |
| Were any changes made to | ☐ Yes* | \square No | | |
| *If yes, list any changes pertaining to th | ne British Columbia Building Code r | equirements. Attach a separate list. | | |
| Do the changes require a r | ☐ Yes** | □ No | | |
| **If yes, report the status of the applica | ition in the next monthly progress r | eport. | | |



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| Do the changes require a Minor Development Planning Amendment Application? ***If yes, report the status of the application in the next monthly progress report. | ☐ Yes*** | □ No |
|--|----------|------|
| Shop Drawings Submitted and Reviewed by CP for Code Coordination Attach separate sheet(s) as needed. | ☐ Yes | □ No |
| General Comments from CP: | | |
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| | | |
| For Office Use Only: | | |
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| | | |
| Certified Professional Name: | | |
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Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FIPPA) for the purposes of processing your application. If you have any questions or concerns about how your information will be used, contact the FOI Office by calling 604-466-4300 or by emailing FOI@MapleRidge.ca

Affix "Certified Professional's" Stamp