

Pre-Construction Inspection Photo Checklist

Company/Applicant Name: _____

Phone Number: _____ Email: _____

Address/Location of Project: _____

Please provide photographs of the location in addition to this Photo Checklist.

Please fill out the task below related to the condition of infrastructure along the property frontage:

Infrastructure	Yes	No	N/A	If yes, please email photos
Damage to curb and gutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to road?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to sidewalk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to street lights?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to City-owned trees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to the hydrants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to City-owned signage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to drains, catchbasins, lawnbasins, or headwalls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage to any other City-owned infrastructure along the frontage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Form Completed by: _____ *[full name]*

Contact Information: _____ *[phone number/email]*

Date of Inspection: _____

Have you attached photos of damage *[if applicable]*?