



City of Temple City

FIELD ENGINEER'S *FINISH* GRADING REPORT

COMMUNITY ENHANCEMENT DIVISION

INSTRUCTIONS: This document must be completed and filed with the Temple City Building Division before finish grading approval can be given and the grading permit finalized.

SITE ADDRESS:
ASSESSOR PARCEL NUMBER:
OWNER'S NAME:
OWNER'S ADDRESS:
OWNER'S PHONE NUMBER:

FIELD ENGINEER

I acknowledge by signature and stamp below that I am the field engineer retained by the owner to insure compliance with the grading and, or drainage plans as approved by the Temple City Building Division for the project identified above. To the best of my knowledge, all work within my specific area of responsibility has been completed and all required landscaping has been installed in accordance with the current Building Code, the soils report, and the grading and, or drainage plans as approved by the Temple City Building Division.

In addition, I have also specifically surveyed and, or otherwise verified all the following which are applicable to this project:

1. All top of deck (wood and, or concrete) finish elevations are in accordance with the grading/drainage plans as approved by the Temple City Building Division.
2. All drainage device elevations have been verified to ensure compliance with the plans as approved by the Temple City Building Division.
3. All parking areas subject to detrimental ponding have been resurfaced to correct the existing condition and brought into conformance with the plans as approved by the Temple City Building Division.
4. All roof drains deposit storm water to the locations indicated on the plans as approved by the Temple City Building Division.

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5. No contributory drainage has been blocked by the completed grading and, or drainage work.
6. All other observed deficiencies in the grading and, or drainage work have been corrected.

FIELD ENGINEER'S NAME:	FIELD ENGINEER'S STAMP
LICENSE NUMBER:	
FIRM NAME:	
BUSINESS STREET ADDRESS:	
BUSINESS CITY, STATE, AND ZIP CODE:	
FIELD ENGINEER'S SIGNATURE:	
DATE SIGNED:	