



PROCESSING AND ENFORCEMENT DIVISION: CHIEF Evaluation Checklist

- Residential
 Commercial, Institutional, Industrial, Recreational

Project Title: _____ **Name of Evaluator:** _____
Project Location _____ **Date and Time Received:** _____
Owner/Authorized Representative: _____ **Forwarded to:** _____

Yes – Complied
No – Not Complied

Evaluates/Double check documents as to compliance to technical requirements for	Remarks
Yes No	
<input type="checkbox"/> <input type="checkbox"/> Line and Grade	
<input type="checkbox"/> <input type="checkbox"/> Architectural	
<input type="checkbox"/> <input type="checkbox"/> Structural	
<input type="checkbox"/> <input type="checkbox"/> Electrical	
<input type="checkbox"/> <input type="checkbox"/> Sanitary	
<input type="checkbox"/> <input type="checkbox"/> Mechanical	
<input type="checkbox"/> <input type="checkbox"/> Electronics	
<input type="checkbox"/> <input type="checkbox"/> Proposed building/structure conforms with the Land Use Zoning Ordinance	
<input type="checkbox"/> <input type="checkbox"/> Applicants have secured required clearances from other various agencies exercising and enforcing regulatory functions affecting building/structure	
<input type="checkbox"/> <input type="checkbox"/> Most recent Certificate of Occupancy for buildings/structures that shall undergo Alterations, Additions, Conversions, Renovations and/or Repair when applying building permit	

Forwarded to:

	Date	Time	Evaluator	Remarks
1 st routing:				
2 nd routing:				
3 rd routing:				
4 th routing:				
5 th routing:				
6 th routing:				