



DISTRICT OF MUSKOKA DRAWING SUBMISSION CHECKLIST

1. KEY PLAN	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. NORTH ARROW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. SCALE OR INDICATE (N.T.S)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. LOCATION OF NEARBY ROADS OR FEATURES LABELLED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. LEGAL DESCRIPTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. AREA COVERED BY PLAN VIEW IDENTIFIED	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. LEGEND	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. EXISTING LINE WORK SHOWN IN GREY WITH THIN LINE WEIGHT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. EXISTING LABELS SHOWN IN GREY NOT BOLD	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. PROPOSED LINE WORK SHOWN IN BLACK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. PROPOSED LABELS SHOWN IN BOLD BLACK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. FUTURE LINE WORK SHOWN IN DASHED BLACK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. FUTURE LABELS SHOWN IN BLACK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. REVISION BLOCK	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. REVISION NUMBER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. REVISION DATE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. REVISION ISSUANCE FOR	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. INITIALS OF ENGINEER MAKING THE REVISION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. BENCHMARK NUMBER, ELEVATION AND DESCRIPTION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. ACCEPTED FOR CONSTRUCTION STAMP	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. CONSULTANT NAME ADDRESS AND CONTACT INFORMATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
22. PROJECT NAME INCLUDING PHASE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. DRAWN BY (INITIALS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. CHECKED BY (INITIALS)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. DATE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. PROJECT NUMBER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. DRAWING NUMBER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. SHEET NUMBER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. CHAINAGE (IF APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. STREET NAME (IF APPLICABLE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. PROFESSIONAL ENGINEERS SEAL, SIGNATURE AND DATE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. SCALE AND VERTICAL SCALE IF APPLICABLE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. NORTH ARROW	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. SANITARY MH OPSD REFERENCE PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35. SANITARY MH SIZE PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36. SANITARY MH NUMBER PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. SANITARY MH NUMBER PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. SANITARY MH LID LEVEL PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. SANITARY MH PIPE STAGING PROFILE LABEL (5MM OR MORE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. SANITARY PIPES SLOPE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
41. SANITARY PIPES SIZE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
42. SANITARY PIPES MATERIAL PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
43. SANITARY PIPES LENGTH PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
44. SANITARY PIPES DIRECTION OF FLOW ARROW PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
45. SANITARY PIPES HORIZONTAL SPACING PLAN DIMENSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO



46. SANITARY PIPES MINIMUM COVER PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
47. SANITARY PIPES VERTICAL CLEARANCE PROFILE DIMENSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
48. SANITARY PIPES INVERT PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
49. SANITARY SERVICE PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
50. SANITARY SERVICE CLEANOUT PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
51. WATERMAIN HYDRANT AND VALVE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
52. WATERMAIN VALVE AND BOX PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
53. WATERMAIN PIPE MINIMUM COVER PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
54. WATERMAIN CROSS PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
55. WATERMAIN TEE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
56. WATERMAIN PIPE MATERIAL PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
57. WATERMAIN PIPE SIZE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
58. WATERMAIN SERVICE PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
59. WATERMAIN SERVICE CURB STOP PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO