



DISTRICT OF MUSKOKA DRAWING SUBMISSION CHECKLIST

General	
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. DESCRIPTION OF REVISION ISSUANCE	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. INITIALS OF ENGINEER MAKING THE REVISION	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. BENCHMARK NUMBER, ELEVATION AND DESCRIPTION	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. ACCEPTED FOR CONSTRUCTION STAMP	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. CONSULTANT CONTACT INFORMATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. PROJECT INFORMATION INC: PROJECT NAME, PHASE, DRAWN BY, CHECKED BY, DATE PROJECT NUMBER DRAWING NUMBER SHEET NUMBER	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. CHAINAGE (IF APPLICABLE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. STREET NAME (IF APPLICABLE)	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. PROFESSIONAL ENGINEERS SEAL, SIGNATURE AND DATE	<input type="checkbox"/> YES <input type="checkbox"/> NO

ENGINEERING AND PUBLIC WORKS DEPARTMENT
 70 Pine Street, Bracebridge, Ontario P1L 1N3
Phone: 705-645-6764 **Toll-Free:** 1-800-281-3483 **Fax:** 705-645-7599
Email: publicworks@muskoka.on.ca **Website:** www.muskoka.on.ca

Sanitary Sewer		
24. MH OPSD REFERENCE PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. MH SIZE PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. MH NUMBER PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. MH NUMBER PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28. MH LID LEVEL PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
29. MH PIPE STAGING PROFILE LABEL (5MM OR MORE)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
30. PIPES SLOPE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
31. PIPES SIZE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
32. PIPES MATERIAL PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
33. PIPES LENGTH PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
34. PIPES DIRECTION OF FLOW ARROW PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
35. PIPES HORIZONTAL SPACING PLAN DIMENSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
36. PIPES MINIMUM COVER PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
37. PIPES VERTICAL CLEARANCE PROFILE DIMENSION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
38. PIPES INVERT PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
39. SERVICE PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
40. SERVICE CLEANOUT PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Water		
41. HYDRANT AND VALVE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
42. VALVE AND BOX PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
43. PIPE MINIMUM COVER PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
44. CROSS PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
45. TEE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
46. PIPE MATERIAL PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
47. PIPE SIZE PLAN AND PROFILE LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
48. SERVICE PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO
49. SERVICE CURB STOP PLAN LABEL	<input type="checkbox"/> YES	<input type="checkbox"/> NO