



# Construction Completion Certificate Form A1-1

**Foothills County**

**www.foothillscountyab.ca**

309 Macleod Trail, Box 5605, High River, AB T1V 1M7. Tel: 403-652-2341 Fax: 403-652-7880

Development Application No.:	
Developer:	
Contractor:	
Municipal Improvement:	
Location of Municipal Improvement:	
Date of Application for Construction Completion:	
Pursuant to the development agreement, I _____ (name) of the firm _____ ("Consulting Engineers"), hereby certify compliance with the servicing standards as set out in the development agreement and recommend approval for construction completion of the Municipal improvement.	
_____	_____
Project Engineer (Consulting Engineering Firm)	Date
_____	_____
Authorized by Foothills County Representative	Date

\_\_\_\_\_  
Director of Public Works & Engineering

\_\_\_\_\_  
Date

<input type="checkbox"/> Approved	<b>For Internal Use Only</b> Total Amount of Letter of Credit _____ Amount Retained for Deficiencies: _____ Amount Retained for Maintenance: _____ Amount Released with CCC: _____
<input type="checkbox"/> Conditionally Approved (see attached deficiency list)	
<input type="checkbox"/> Rejected (see attached deficiency list)	

Date Maintenance / Warranty Period to Start:	_____
Scheduled Maintenance / Warranty Expiry Date:	_____

