



**CITY OF PANAMA CITY  
 BEACH**

110 South Arnold Road  
 Panama City Beach, FL 32413

**COMMERCIAL -FINAL ACCEPTANCE CHECK LIST**

*January 11, 2008 revised*

**PROJECT:** \_\_\_\_\_

**PROJECT LOCATION OR ADDRESS:** \_\_\_\_\_

**ENGINEER:** \_\_\_\_\_

YES	NO	N/A		DATE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>“As Builts” by Professional            Land Surveyor (PLS)            for all utilities to be maintained by            Panama City Beach</b>	_____	_____ _____ _____
			<b>DEP CERTIFICATION: (Engineer of Record to Provide)</b>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Water</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Sewer</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Reclaimed</b>	_____	_____

**FDOT (BORE PERMITS) – (Contractor to Provide)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Water</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Sewer</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Reclaimed</b>	_____	_____

**VERIFICATION OF FLUSHING: (Contractor to Provide)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Water</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Reclaimed</b>	_____	_____

**FINAL PRESSURE TESTS: ( Contractor to Provide)**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Water Mains</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Reclaim Mains</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>*Force Mains</b>	_____	_____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Backflow Preventers tested and submitted to the City</b>	_____	_____
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YES	NO	N/A		DATE	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Gravity Sewer Air Tests</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Gravity Sewer Video</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Bacteriological Test Results</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>NPDES/Stormwater Certifications</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Utility/Ingress/Egress Easements &amp; Lift Station Parcel Dedication</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Reclaim Irrigation Inspection</b>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Lift Station Pump Test/Approval</b>	_____	_____ _____ _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Punch List Items from Inspections/Final Walk-Thru</b>	_____	_____ _____ _____ _____ _____

**ADDITIONAL COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
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