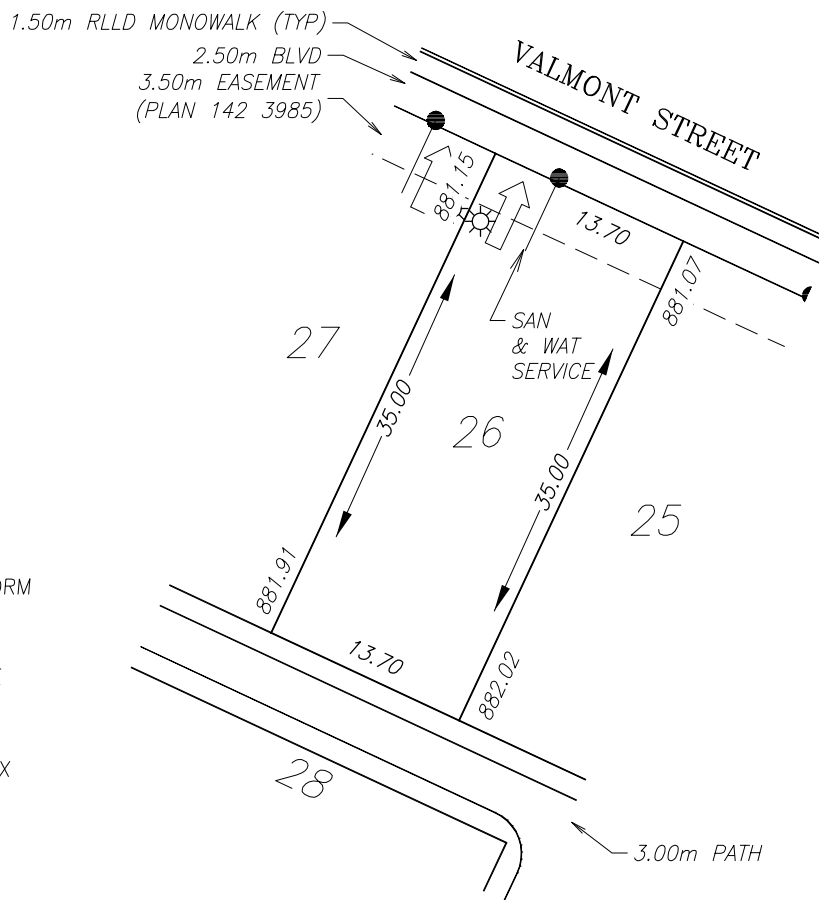
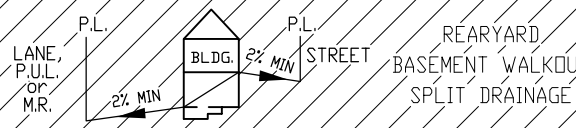
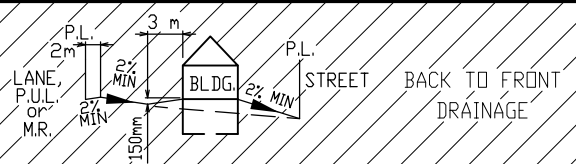
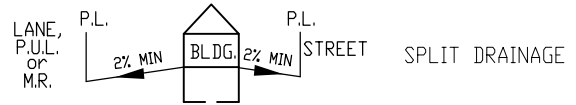


# BUILDING GRADE CERTIFICATE

Town of Blackfalds  
 Issued by: No.

1. WHEN EXCAVATING IN A RIGHT OF WAY (EASEMENT), CHECK FOR UTILITIES.
2. STANDING AT THE WATER SHUTOFF AND FACING THE BUILDING, THE SANITARY SERVICE (PAINTED RED) IS ON THE LEFT SIDE OF THE WATER SERVICE; STORM SERVICE (PAINTED GREEN) IS ON THE RIGHT SIDE OF THE WATER SERVICE.
3. ALL DIMENSIONS ARE IN METRES AND DECIMALS THERE OF. THE ELEVATIONS ARE IN METRES ABOVE GEODETIC MEAN SEA LEVEL.
4. ELEVATIONS NOTED ON THE CERTIFICATE ARE WITHIN 100mm OF ACTUAL.
5. THE BUILDER MUST CONSTRUCT WITHIN 100mm OF THE DESIGN LANDSCAPE ELEVATION & ILLUSTRATED DRAINAGE PATTERNS UNLESS OTHERWISE APPROVED BY THE DEVELOPMENT OFFICER.
6. IF THE INFORMATION ON THIS CERTIFICATE HAS BEEN PREPARED BY A PRIVATE DEVELOPER OR THEIR AGENT, THE TOWN OF BLACKFALDS ACCEPTS NO RESPONSIBILITY FOR ITS ACCURACY.



**LEGEND**

- SAN, WATER & STORM
- FIRE HYDRANT
- GAS
- POWER, TELEPHONE & CABLE SERVICE
- STREET LIGHT
- COMMUNITY MAILBOX
- TRANSFORMER
- PEDESTAL
- DRIVEWAY

LOWEST TOP OF FOOTING DETERMINED BY SANITARY SERVICE. SUMP PUMP MAY BE REQUIRED.  
 GAS AND POWER SERVICE LOCATION IS 1.00m FROM SIDEYARD LOTLINE.  
 SANITARY, STORM & WATER SERVICE LOCATION IS 4.50m FROM SIDEYARD LOTLINE.

TOP OF FOOTING: MAX. DEPTH BELOW AVERAGE SIDEWALK = <u>2.14</u> LOWEST ELEVATION = <u>878.97</u>	CIVIC ADDRESS: <u>45 VALMONT STREET</u> LOT: <u>26</u> BLOCK: <u>7</u> PLAN No.: <u>142 3984</u> DEVELOPER: <u>MALIBU COMMUNITIES LTD.</u> SCALE: <u>1:500</u> DRAWN BY: <u>STANTEC CONSULTING LTD.</u> DATE: <u>DEC 17, 2014</u> APPROVED BY: <u>MICHAEL DARTNELL</u> DATE: <u>DEC 18, 2014</u> RECEIVED BY: _____ DATE: _____
AS-BUILT SEWER INVERT ELEVATIONS: SANITARY AT 5.0m INSIDE LOT = <u>878.12</u> STORM AT 5.0m INSIDE LOT = <u>N/A</u>	

DESIGN LANDSCAPE ELEVATIONS ELEV. AT FRONT OF HOUSE = <u>881.45</u> ELEV. AT REAR OF HOUSE = <u>882.32</u>	I CERTIFY THAT THE FINAL LANDSCAPE GRADE WILL BE (FRONT) _____ (REAR) _____ SIGNATURE OF OWNER OR REPRESENTATIVE _____
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