

PRE-EXISTING LOT DAMAGE REPORT

This form must be completed by the Buyer and submitted to the City on or before the date that is **10 business days** following the Closing Date.

Stage: Goodridge Corners - **Stage 3** **Lot:** _____ **Block:** _____ **Plan:** _____

___ Civic Address: _____

Builder / Lot Owner: _____

Contact Name: _____

Phone: _____ **Email:** _____ **Fax:** _____

DESCRIPTION OF ITEM	DAMAGE		DESCRIPTION OF DAMAGE (PROVIDE PHOTOGRAPHIC DOCUMENTATION)
	NO	YES	
Municipal Sidewalks	_____	_____	_____
Concrete Curb and Gutter	_____	_____	_____
Concrete / Grass Drainage Swales	_____	_____	_____
Asphalt Roadway	_____	_____	_____
Street Furniture (street lamps, signs etc.)	_____	_____	_____
Adjacent Park or Vegetated Area	_____	_____	_____
Landscaping (Adjacent / Developer)	_____	_____	_____
Neighbouring Building Lot(s)	_____	_____	_____
Fencing (Adjacent / Developer)	_____	_____	_____
Asphalt Trail	_____	_____	_____
Water Valve	_____	_____	_____

Review Completed By: _____ Date: _____
Print Name

TO BE COMPLETED BY THE DEVELOPERS REPRESENTATIVE

Received from Applicant: *Received by:* _____ *Date:* _____

Site Verification: *Completed by:* _____ *Date:* _____

Notes: _____

