



Request for Pre-Construction Meeting

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| Project Name: | DRC Number: |
|----------------------|--------------------|

This list below shall be submitted to the Engineering Services Department prior to the scheduling of a pre-construction meeting. Once the following items have been accepted, a pre-construction meeting will be scheduled.

| Included | Not Included | N/A | List | Explain NOT Included |
|----------|--------------|-------|---|----------------------|
| _____ | _____ | _____ | Engineers Certification (Exhibit 2) | _____ |
| _____ | _____ | _____ | Schedule | _____ |
| _____ | _____ | _____ | Maintenance of Traffic Plan | _____ |
| _____ | _____ | _____ | FDOT Permit | _____ |
| _____ | _____ | _____ | SJRWMD Permits | _____ |
| _____ | _____ | _____ | FDEP Water and Wastewater Permits | _____ |
| _____ | _____ | _____ | FDEP Construction Generic Permit (> 1 acre) | _____ |
| _____ | _____ | _____ | Army Corps of Engineers Permits | _____ |
| _____ | _____ | _____ | Construction Bond | _____ |
| _____ | _____ | _____ | Payment for Inspection Fees | _____ |
| _____ | _____ | _____ | Site Work Permit | _____ |
| _____ | _____ | _____ | Other, Please List | _____ |

It is the responsibility of the applicant to invite the necessary entity involved with the project to the pre-construction meeting. **The Contractor, the Engineer of Record, the Developer, Utilities** (cable, telephone, internet, gas, FP&L, JEA, etc.), **Paving Firm, and the Testing Firm of your choice MUST attend**. Proof of notification to all necessary parties and their response (attend or decline to attend) must be submitted. Nassau County Engineering Services Department WILL reschedule the pre-con meeting if any of the above mentioned is not in attendance.

Approved Mix Designs must be submitted 48 hours prior to scheduling the pre-pave meeting with Construction Inspector.
Approved Shop Drawings must be submitted 7 days prior to installation.
Sleeving Plan must be submitted prior to subgrade testing.

| Applicant's Contact Information | | | |
|---------------------------------|---------------|------------|-------------|
| Contact Name: | Title: | | |
| Address: | City: | ST: | Zip: |
| Phone : | Email: | | |

| Applicant Certification | | |
|--|-----------|-------|
| I hereby certify that I have read and examined this application and know that the same to be true and correct. | | |
| _____ | _____ | _____ |
| Print Name | Signature | Date |

| Office Use Only | | | |
|---------------------|-----------------------------|------------------------------------|---------------------------------|
| Received By: | CI Review Completed: | Responsible Party Notified: | Pre-Con Time & Date: |