



**VILLAGE OF
CALEDONIA**

FOOTING & CULVERT CERTIFICATION

VILLAGE OF CALEDONIA
5043 CHESTER LANE • CALEDONIA, WI
53402 PHONE (262) 835-6428

Building Permit No.

Parcel No.

Date

I hereby certify that I have surveyed the excavation and the driveway culvert for the proposed building located at:

Property / Project Address:

Lot #: Block #: Subdivision / CSM #:

Permit #(s) _____ the setbacks and footing elevations for the proposed buildings are as follows:

FOOTINGS (Max 0.2 ft tolerance)		PROPOSED (Village)	ACTUAL (Surveyor)	APPROVED (Office Use Only)	INITIALS
Front Yard Setback	(N / E / S / W)	Feet	Feet	<input type="checkbox"/>	
Rear Yard Setback	(N / E / S / W)	Feet	Feet	<input type="checkbox"/>	
Left Yard Setback	(N / E / S / W)	Feet	Feet	<input type="checkbox"/>	
Right Yard Setback	(N / E / S / W)	Feet	Feet	<input type="checkbox"/>	
Garage Floor Elevation	(Step down Y / N)	USGS	USGS	<input type="checkbox"/>	
Elevation of Top of Lowest Foundation Wall Footing		USGS	USGS	<input type="checkbox"/>	
Top of Wall Elevation	(Block / Concrete)	USGS	USGS	<input type="checkbox"/>	
Finish Yard Grade		Feet	Feet	<input type="checkbox"/>	
CULVERT					
_____ Side Yard Setback		Feet	Feet	<input type="checkbox"/>	
Setback from Pavement		Feet	Feet	<input type="checkbox"/>	
_____ Invert Elevation		USGS	USGS	<input type="checkbox"/>	
_____ Invert Elevation		USGS	USGS	<input type="checkbox"/>	
Culvert Size		Inches	Inches	<input type="checkbox"/>	
Culvert Length		Feet	Feet	<input type="checkbox"/>	
Culvert Shape				<input type="checkbox"/>	

I hereby further certify,

- A. The actual elevation of the footings are in conformity with the original plans submitted by the applicant and approved by the Village, and with the grades set by the Village Engineering Department;
- B. The actual location of the footings are in conformity with the setback distances of the original plans as submitted by the application and approved by the Village.

SIGNATURE OF SURVEYOR _____ REGISTRATION NUMBER _____

OFFICE USE ONLY:

Notes: