
**Department of Municipal Affairs – Municipal Water Sewer and Roads
Specifications**

REINSTATEMENT CERTIFICATE

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Form #8

March 2016

Project Name: _____ Project NO.: _____

This certificate is to be completed at the time of issuance of the Certificate of Substantial Performance.

Please cross out the incorrect answer listed below.

(YES) (NO) .1 All culverts (driveways, cross-drains, storm drains, etc.) have been repaired/replaced to an acceptable functional condition.

(YES) (NO) .2 All reasonable care has been taken by the Contractor to ensure proper compaction of cross-cuts.

(YES) (NO) .3 Granular ("A" & "B") meet specifications and proper thickness under asphalt.

(YES) (NO) .4 Shoulders have been re-instated to original conditions.

(YES) (NO) .5 Asphalt meets design specifications.

(YES) (NO) .6 Asphalt thickness as required.

(YES) (NO) .7 Tack Coat properly applied (edge of cuts, road surface for recap).

(YES) (NO) .8 Do any areas have 20% of asphalt damaged.

(YES) (NO) .9 If yes to #8, were they properly repaired prior to surfacing.

I hereby certify that the work has been satisfactorily accomplished.

Date: _____
Certified By Contractor's Representative

I hereby certify that the work has been done as specified above.

Date: _____
Certified By Consultant's Representative

I have inspected the work and find it satisfactorily accomplished.

DATE: _____
Certified By Owner's Representative

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