## Division of Municipal Infrastructure Form 8 – Reinstatement Certificate

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| Owne          | er:               |            | Date:   |
|---------------|-------------------|------------|---|
| Proje         | ct Naı            | me: _      |   |
| MI Project #: |                   |            | Contractor:   |
|               | ertifica<br>rmanc |            | to be completed at the time of issuance of the Certificate of Substantial   |
| Pleas<br>YES  | e cros<br>NO      | s out t    | he incorrect answer listed below.   |
|               |                   | .1<br>repa | All culverts (driveways, cross-drains, storm drains, etc.) have been aired/replaced to the permit requirements.       |
|               |                   | .2         | All reasonable care has been taken by the Contractor to ensure proper mpaction of cross-cuts the permit requirements. |
|               |                   | .3<br>aspl | Granular ("A" & "B") meet specifications and proper thickness under halt.   |
|               |                   | .4         | Shoulders have been re-instated to original conditions.   |
|               |                   | .5         | Asphalt meets design specifications.  |
|               |                   | .6         | Asphalt thickness as required.  |
|               |                   | .7         | Tack Coat properly applied (edge of cuts, road surface for recap).  |
|               |                   | .8         | Do any areas have 20% of asphalt damaged.   |
|               |                   | .9         | If yes to #8, were they properly repaired prior to surfacing.   |
| l here        | by cer            | tify tha   | at the work has been satisfactorily accomplished.   |
| Date:         |                   |            |   |
|               |                   |            | Certified by Contractor   |
| l here        | by cer            | tify tha   | at the work has been done as specified above.   |
| Date:         |                   |            |   |
|               |                   |            | Certified by Consultant   |
| l have        | e inspe           | ected t    | the work and find it satisfactorily accomplished.   |
| Date:         |                   |            |   |
|               |                   |            | Certified by Owner (not Consultant)   |