FORM K
INSPECTION FORM

ASHBY, MASSACHUSETTS

Name of Subdivision_____ From Sta._____ To Sta._____

Name of Applicant_____ Phone of Applicant_____

Name of Contractor or Contact Person_____

Phone of Contractor or Contact Person_____

Subject	Initials of Agent	Date of Inspection
1. Subgrade preparation		
2. Sanitary Sewers		
3. Drainage (Below Grade) Installation		
4. Water Installation		
5. Gravel Base		
6. Curb Installation		
7. Binder Course		
8. Drainage (At Surface) Installation		
11. Granite Inlet Installation		
12. Finish Course		
13. Sidewalk Construction		
14. Street Trees and Planting		
15. Grass Strips		
16. Street Lights		
17. Monuments		
18. Street Signs		
19. Final Clean-up		