SQUAMISH
HARDWIRED *for* ADVENTURE

Certified Professional Program
Monthly Progress Report

Project Address:_____ **Building Permit #** _____ **Report Month:** _____

District Official attended site meeting this month Yes ❑ No❑
Job Progress:
Number of Field Reviews this month: Architect_____ Electrical Engineer_____ CRP_____ Structural Engineer_____ Fire Suppression Engineer_____ Others _____ Others _____ Mechanical _____ CP has reviewed the monthly field review reports. A copy of the reports is available on site.
Shop Drawings/Submittals Reviewed by CP for code coordination:
Anticipated Work next 30 days:
Any Changes to permit documents: Yes ❑ No❑ If yes, any changes pertaining to requirements of building code from submitted permit drawings (attached list if needed) Plan Review required Yes❑ No❑ Revision to the BP required: Yes ❑ No❑ Amendment to the DP required: Yes ❑ No❑
General Comments from CP:
For Office Use Only:

(Affix CP Stamp)