



# **ASPEN LINE GRADE VERIFICATION FORM**

## **Verification of Building Location by Building Contractor**

THE CITY OF ASPEN

**For Building and Permit Information, please refer to our website at:**  
<http://www.aspenpitkin.com/depts/41/>

### **Exemption**

A City verification of building location is not needed when the project creates less the 200 square feet of new floor area.

### **PART A: Complete and Submit as part of the Building Permit Application**

- Building / Job Address or Location: \_\_\_\_\_
- Your Name (Person Completing Part A): \_\_\_\_\_
- Your Company: \_\_\_\_\_
- Plans must show horizontal dimensions that 'tie' the building to the property boundary.  
Are building ties shown? (circle one) 'Yes' 'No'
- An elevation benchmark needs to be established on the site by a licensed surveyor and shown on the plans. What is the elevation of this benchmark? \_\_\_\_\_
- If the garage is located within 10 feet of the roadway or sidewalk, provide spot elevation on the on the roadway or sidewalk.  
Is a spot elevation shown? 'Yes' 'No' 'N/A'
- Provide the equation comparing site (surveyed) elevation to structure/ architectural plan elevation:  
(i.e., 100' first floor elev = 7962.50') \_\_\_\_\_

### **PART B: Complete *prior to* first Foundation Inspection, by a licensed surveyor or an individual prequalified by the City**

- Do field measured building ties to property match building ties shown on the plan? (circle one): 'Yes' 'No'
- Surveyor needs to confirm that one spot on the top of the foundation wall is at the same elevation shown on the approved building plans.
- What is the field measured elevation of top of foundation wall relative to the site bench mark? \_\_\_\_\_
- According to the building plans, what was the design elevation for the same place on the foundation wall?  
\_\_\_\_\_
- Was the elevation of the building adjusted in field? (circle one): 'Yes' 'No'
- If yes, why? \_\_\_\_\_

**The undersigned qualified individual certifies that the information in Part B is accurate -**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Contact ph. # : \_\_\_\_\_

Company: \_\_\_\_\_