

## Transportation, Engineering, & Development (T.E.D.) Business Group

## TRAILER CHECKLIST

**PLANS:** 

A site plan is required showing existing building, lot lines, driveways, walks, temporary structure placement and layout of stock inside and out, and safety barriers. The following checklist of requirements is a method of providing the required information and is to be addressed.

| HOW LONG WILL THE TRAILER BE ON SITE?                              | FROM                                    | TO |        |
|--|---|----|--------|
|  | Office Trailer<br>res Fire Dept. Approv |    | torage |
| IS SITE PLAN PROVIDED?   | YES                                     | NO |        |
| LOCATION OF TRAILER ON SITE? Provide dimensions                    | YES                                     | NO |        |
| IS PLACEMENT WITHIN BUILDING LINES?                                | YES                                     | NO |        |
| METHOD USED TO SECURE TRAILER?                                     |   |    |        |
| PROVIDED MANUFACTURER'S WIND RATINGS                               | S? YES                                  | NO |        |
| PROOF OF FLAME SPREAD/FIREPROOFING?                                | YES                                     | NO |        |
| LAYOUT OF THE INTERIOR?  | YES                                     | NO |        |
| CLEAR AISLES INSIDE TRAILER?                                       | YES                                     | NO |        |
| WILL THERE BE ELECTRICITY ON SITE?                                 | YES                                     | NO |        |
| New metered connection to the Electric Utility needed              | d? YES                                  | NO |        |
| ELECTRIC HOOK-UP TO TRAILER?                                       | YES                                     | NO |        |
| If yes,<br>Methods of wiring have been provided?                   | YES                                     | NO |        |
| Diagram has been provided?   | YES                                     | NO |        |
| Specify hours of operation   | FROM                                    | TO |        |
| SANITARY FACILITIES?  If yes, indicate type, amounts and locations | YES                                     | NO |        |
| DUMPSTER(S) FOR RUBBISH?   | YES                                     | NO |        |