

Permit # _____
Lot # _____

RESIDENTIAL
TOWN OF COLLIERVILLE
BUILDING DEPARTMENT

ENGINEERED FOOTING / FOUNDATION FORM LETTER

Street Address: _____	Subdivision: _____
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This is to certify that I, _____, made a pre-pour inspection of the foundation system at the above location, and that, to the best of my knowledge and belief, said foundation has been built in substantial conformance with the provisions of the minimum design criteria, including accepted engineering practices, of the currently adopted code, located in Seismic Design Category D_o.

The following conditions were observed at the time of inspection:

- | | |
|--|--|
| <p><input type="checkbox"/> The weather conditions were _____ °F and
 Clear, Cloudy, Raining, Snowing, or
 Other _____</p> <p><input type="checkbox"/> The concrete slab is to be poured as a monolithic slab
 [with/without] a brickledge or a masonry stem wall
 supported on a concrete footing.</p> <p><input type="checkbox"/> The footing is supported on undisturbed bearing soil
 capable of supporting the intended load.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> The footing is supported on properly compacted fill
 ground and/or is designed to support the intended load.</p> <p><input type="checkbox"/> Welded reinforcement wire 6 x 6 10/10 was placed in
 the slab.</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> Fibermesh concrete is to be used.</p> <p><input type="checkbox"/> The footings were inspected for minimum depth, width
 & thickness as required by the prescriptive codes. The
 minimum depth, width & thickness observed were
 _____ inches deep _____ inches wide & _____ thick</p> | <p><input type="checkbox"/> The footing is reinforced with _____ lines of
 No. _____ horizontal reinforcing steel.</p> <p><input type="checkbox"/> No. _____ rebar is placed vertically on
 _____ inch centers.</p> <p><input type="checkbox"/> Termite treatment was performed by:
 _____</p> <p><input type="checkbox"/> Grade beams were installed where required.</p> <p><input type="checkbox"/> The slab sub-grade was covered with a vapor
 barrier.</p> <p><input type="checkbox"/> The Inspection was performed @ _____
 AM/PM on ____/____/20____.</p> <p><input type="checkbox"/> Footing & foundations for prefabricated
 engineered panels were observed as being
 installed in the locations shown on the plans
 & in accordance with the manufacturer's
 specifications.</p> <p><input type="checkbox"/> Holddown / holddown anchor bolt type(s) and
 location(s) per the approved plans.</p> |
|--|--|

 Engineering Firm Name

 Address

 City State Zip

Seal
Signature
& Date