### FOOTING & FOUNDATION

- Controlled Fill placed under the Site Permit*
- Controlled Fill placed under this Building Permit *
- Footings: On Grade Design Tested Soil (psf*) Engineer Provides
- Footings: On Grade Design Tested Soil (psf) Engineer Provides*
- Footing: On Controlled Fill*
- Pile Foundation
- Pier Foundation
- Deck/Porch
- Concrete wall/steel rebar
- Backfill (below grade seal)
  - Drain Mechanical
  - Drain Gravity/Daylight
  - Wall Soil Lateral Pressure Design=60 psf*
  - Wall Soil Lateral Pressure Design = 60 psf with MH or Inorganic CL*
  - Wall Soil Lateral Pressure Design = 60 psf with SC, ML-CL, or better
  - Dampproofing
  - Waterproofing

### SLAB on grade (OG), controlled fill (CF)*, structural (S)

<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Inspector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Garage Lev</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoop/porch OG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoop/porch CF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stoop/porch S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areaway OG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areaway CF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Areaway S</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### FIRE PROTECTION

- Through Penetration Firestop System **
- Sprayed Cementitious**
- Mineral Fiber**

### CONCRETE ENCASED GROUNDING ELECTRODE

- Minimum 20' of ½" rebar
- Minimum of 20' of #4 copper conductor

### OTHER INSPECTIONS

- Approved by Building Official
- Foundation Structural Repair
- Exterior Insulation Finish System (EIFS)
- Structural repair(s)
At the time of this inspection, all items inspected were in accordance with the County approved building plans and the Virginia Uniform Statewide Building Code; a copy of the required building permit was posted on the construction site.

Architect/Engineer Seal

Loudoun County Comments:

Signature: __________________________ Date: __________

Signature: __________________________ Date: __________