



# City of Paola

## Inspection Certification Form

**Project Address:**

**Permit Number:**

**Subdivision:**

**Lot #:**

**Owner/Builder:**

**Master Plan:**

**Indicate the type of inspection(s) being certified. An Erosion Control Inspection is required on each site visit.**

### STRUCTURAL ELEMENTS FOR FOUNDATION

- Footing (Perimeter) Approved
- Thickened Slab Footing Approved
- Drilled Piers Approved
- Concrete Encased Electrode
  
- Pad(s) for Basement Steel Columns Approved
- Pad(s) for Garage Steel Columns Approved
  
- Pad(s) for Structural Slab Approved
  - [ ] Garage
  - [ ] Basement
- Pad(s) for Structural Slab (Per Plan) Approved
  - [ ] Garage
  - [ ] Basement

### CONCRETE SLAB(S)

#### Slab On Grade

- Basement Slab On Grade Approved
- Garage Slab On Grade Approved

#### Standard Overdig Slab Design

- Basement Overdig Slab Approved
- Garage Overdig Slab Approved

#### Standard Structural Slab Design

- Garage Standard Structural Slab Approved
- Basement Structural Slab Approved

#### Structural Slab Design Per Approved Plan

- Basement Structural Slab Approved
- Garage Structural Slab Approved

### FOUNDATION WALL

- Foundation Wall Approved

Future slabs shall be [G for garage, B for basement, P for porch]. Please insert letter in correct slab section:  
[ ] Slab-on-Grade  
[ ] Overdig Detail  
[ ] Structural (per plan)

### PRE-BACKFILL

- Foundation drain approved
  - [ ] Mechanical
  - [ ] Daylight

- Damp-proofing approved

### SOILS (Include test results)

- Engineered Fill for Foundation Approved
- Engineered Fill for Slab Approved

Area: \_\_\_\_\_

### MASONRY FIREPLACE

- Throat Inspection Approved

### OTHER INSPECTIONS

- Deck piers approved
- Retaining wall

### EROSION CONTROL

- Approved
- Not Approved (see comments below)

### Inspection Information:

Inspection Date: \_\_\_\_\_

Time On: \_\_\_\_\_ Time Off: \_\_\_\_\_

Was this a reinspection?  Yes  No If yes, date of first inspection: \_\_\_\_\_

If yes, was the first inspection conducted by  City of Paola  Third party agency

If this inspection was NOT conducted by the certifier, provide the following information:

Inspector's Name: \_\_\_\_\_ Date of Last QCI report: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

*At the time of this inspection, all items inspected were found to be in conformance with the reviewed building plans, reviewed site plan and the City of Paola building code. A copy of the required building permit and previous inspection reports were reviewed at the time of this inspection. An Erosion Control Inspection was performed.*

Certifier Signature

Date

Phone

**City of Paola Staff Use Only:**  Approved  Disapproved Inspector's Initials: \_\_\_\_\_ Date: \_\_\_\_\_