



Warranty Evaluation Stage No. I

- OK to Proceed
- Correct and Proceed
(re-inspection not required)
- Correct and call for re-inspection

Builder Name: _____ Builder No: _____
 Location Observed: _____ Enrollment No: _____
 City: _____ County: _____ State: _____ Zip Code: _____

NOTE: NOTIFY SHW IMMEDIATELY IF EVIDENCE OF FILL OR UNSTABLE SOIL AND/OR UNSTABLE FOUNDATION CONDITIONS ARE PRESENT.

PART 1: BASEMENTS AND CRAWL SPACES

	A	R	N/A
1. Bearing Soil Conditions: _____			
2. Footers – Depth: _____ Inches Width: _____ Inches			
3. Estimated Depth Below Frost Line: _____ Inches			
4. Chimney Footers: _____ Type			
5. Support Column Footings: _____ Depth: _____ Inches Width _____ Inches			

PART 2: SLAB ON GRADE

1. Slab Type: Conventional Reinforced _____ Engineered Slab on Grade _____ Post-Tension _____ PL (per plan) _____
 Other (Specify) _____

A. SLAB

- 1. Stringline in place Y N
- 2. Average slab thickness _____

B. BEAMS

- 1. Depth _____
- 2. Width _____
- 3. Water in beams Y N
- 4. Embedment _____
- 5. Cave-ins Y N
- 6. Penetration _____
- 7. Spaced per plan Y N

C. REINFORCING STEEL

- Exterior Beam
 - 1. Y N
 - 2. Corner Bars Y N
 - 3. Shear Bars Y N
 - 4. Proper Splices Y N
 - 5. Cave-ins Y N
 - 6. Penetration _____
- D. TENDONS**
- 1. Qty. front to back _____
 - 2. Qty. side to side _____
 - 3. Per Plans Y N
 - 4. ½" Tendon Y N

5. Installation (live and dead ends) Y N

6. Condition of Tendons (sheathing, nicks, abrasions, etc.; exposed cables taped?) Y N

7. Sand Cushion Y N

E. MOISTURE BARRIER

- 1. .6 mil. Lapped & taped Y N
- 2. Plumbing penetrations covered with mastic Y N

COMMENTS: _____

Foundation Plans are on site – Yes ___ No ___ *Absence of plans may result in automatic failure.* Where other than a conventional foundation system is being placed, plans shall be available to the inspector at the time of the inspection. The inspector may require plans for conventional foundations.

Has the foundation system for this structure been designed by an engineer, architect, or other design professional? Yes ___ No ___

If yes, provide name and registration number of designer: _____

Inspection Sticker Location _____ Type of Home _____

CERTIFICATION: I certify that I have personally and physically evaluated the above structure to the best of my knowledge and ability, and that I have no interest, present or prospective in the same. I have reported all conditions observed to be at variance with good construction methods and standards. This evaluation does not constitute any type of guarantee or warranty on the structure.

NOTE: THIS REPORT IS FOR WARRANTY EVALUATION PURPOSES ONLY. APPROVAL OR REJECTION DOES NOT CONSTITUTE COMPLIANCE OR NON-COMPLIANCE WITH STATE OR LOCAL BUILDING CODES.

(Please Print) Name of Authorized Inspector _____

Inspector No. _____

Signature of Authorized Inspector _____

Date _____

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