



Warranty Evaluation Stage No. 2

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

Builder Name: _____
 Location Observed: _____
 City: _____ County _____ State: _____

Builder No: _____
 Enrollment No: _____
 Zip Code: _____

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

A = APPROVED R = REJECTED N/A = NOT APPLICABLE

		A	R	N/A
1. Foundation: Slab on Grade _____ Crawl Space _____ Basement _____ Other _____	1.			
2. Foundation Reinforcements _____	2.			
3. Basement or Crawl Space Walls: Poured Concrete _____ Concrete Block _____ Other (Specify) _____ Wall Thickness: _____ Drain Tile Size _____ Ventilation _____ Estimated finish fills to be placed against wall _____ Parging and waterproofing _____	3.			
4. Anchorage : Bolts _____ Straps _____ Other (Specify) _____	4.			
5. Main Support Beam: Size _____ Clear Span _____ Wood _____ Steel _____ Other (Specify) _____ End Bearing Support: _____ Intermediate Supports: Type _____	5.			
6. Floor Framing: Species _____ Grade _____ Size _____ Spacing _____ Span _____ Conventional _____ Other (Specify) _____	6.			
7. Subfloor: Material _____ Thickness _____ Fastening Nails _____ Other (Specify) _____ Spacing of Fasteners: On Edges _____ Intermediate _____	7.			
8. Wall Framing: Bearing Walls: Size _____ Spacing _____ Non-bearing walls: Size _____ Spacing _____ All blocking, plates, lintels, headers, & bracing _____ Wind Bracing: (Specify type) _____	8.			
9. Roof Framing: Trusses _____ Rafters _____ Size _____ Spacing _____ Span _____ Species _____ Grade _____ Ceiling Joists: Size _____ Spacing _____ Span _____ Species _____ Grade _____	9.			
10. Roof Sheathing: Thickness _____ Grade _____ Flashing, felt, paper, drip edge, shingles _____	10.			
11. Attic Ventilation: Ridge & Soffit _____ Other _____	11.			
12. Flashing at all pertinent locations, including but not limited to doors, windows, decks and porches, thresholds, roof penetrations _____	12.			
13. Electrical: Service Size _____ Wire Size _____ Service Location _____	13.			
14. HVAC System: Heating Type _____ Location _____ Central A/C: Yes _____ No _____ Ductwork: Type _____ Venting _____	14.			
15. Plumbing: Water Distribution material _____ Vent: Size _____ Location _____ Water: On-site well _____ Public system _____ Waste: On-site septic _____ Public system _____	15.			

COMMENTS: _____

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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