



Foundation Inspection Report for 1 & 2 Family Dwellings

Department of Planning & Development Review, Bureau of Permits and Inspections
 900 East Broad Street, Room 108
 Richmond, Virginia 23219

Office: (804) 646-4169

<https://www.rva.gov/planning-development-review/permits-and-inspections>

(Report to be completed in its entirety by a Professional Structural Engineer licensed in the Commonwealth of Virginia)

Job Address:		Permit #:	
Owner:		General Contractor:	
Date of Inspection:	Are permit(s) and approved City plans on-site? Yes No		
Setbacks (Foundation(s))			
Does Location (Foundation) Comply with the Survey Plat? Yes No			
What is the distance from the foundation wall to the property line?		Describe any corrective measures taken:	
Foundation CMU/Wood			
Access door per IRC R408.4: Yes No		Vapor retarder in place per IRC R408.3: Yes No	
Anchor Bolts per IRC R403.1.6.1: Yes No		Drainage per IRC R405.1: Yes No	
Vents per IRC R408.1: Yes No		Foundation CMU/Brick per approved plans: Yes No	
Waterproofing per IRC R406.1: Yes No		CMU fully grouted: Yes No	
Clear of debris per IRC R408.5: Yes No		Finished grade per IRC R408.6: Yes No	
What is the footing projection:			
Foundation Walls (Concrete)			
Forms installed and reinforced steel in place prior to concrete foundation walls being poured? Yes No			
Anchor bolts per IRC R403.1.6.1: Yes No		Waterproofing per IRC R406.1: Yes No	
Clearance of rebar to form per IRC:			
Condition Crawl Space			
Vapor retarder in place per IRC R408.3: Yes No		Finished grade per IRC R408.6: Yes No	
Clear of debris per IRC R408.5: Yes No		Access door per IRC R408.4: Yes No	
Third Party Inspector's Information			
Engineer's Firm:		Seal and Signature	
Inspector:			
Date of Report:			
In my professional opinion, the footings were constructed in accordance with the construction documents approved by the City of Richmond and the Virginia Uniform Statewide Building Code. Any discrepancies were brought to the attention of the contractor and have been corrected.			

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Received By: _____

Date: _____