## City of Brentwood Planning & Codes Department Foundation / Retaining Wall Inspection Report Form

(March 1, 2016)

A foundation inspection/report form is required for concrete or masonry foundation walls subject to hydrostatic pressure from groundwater or by Section 404 of the 2012 International Residential Code.

## **Deliver or Mail To:**

City of Brentwood - Planning & Codes Department 5211 Maryland Way / P.O. Box 788 Brentwood, TN 37024-0788

The residential homebuilder's engineer may inspect the project foundation. This procedure requires notification to the Codes Department (615) 661-7077 on the day of inspection and submittal of this Foundation Inspection Report Form from the design professional within three days after foundation inspection. For transitional lots, this document shall also be provided to the city's Engineering Department at 1750 General George Patton Drive, Brentwood, TN 37027.

Foundation construction shall be capable of accommodating all loads and the transmitting of resulting loads to supporting soils according to Sections R301, R403 & R404 of the 2012 IRC. Fill soils that support footings and foundations shall be designed, installed and tested in accordance with accepted engineering practices. Foundation drainage, foundation waterproofing and dampproofing installations/applications must comply with Sections R405 & R406.

DESIGN PROFESSIONAL:	DATE:		
	EXPIRATION DATE:		
ADDRESS:			
CITY:	STATE:	ZIP CODE:	
TELEPHONE #: () E-MAIL:_			
SITE ADDRESS:LO	T#:SUBD	IVISION:	
DEFINE THE STRUCTURE TYPE AND/OR LOCATI (deck, garage, addition, new single family, etc.) (complete of the complete of the com	or partial report)	IG THIS REPORT IS DOCUMENTING.	
(Check One) CONVENTIONAL LOT-(less than TRANSITIONAL LOT-(at least 15 STEEP-(over 25% grade)	15% grade); OR,		
DESIGN COMPRESSIVE STRENGTH:			
REDI-MIX SUPPLIER:	ADD	OITIVES:	
	(bran	nd name)	
WEATHER CONDITIONS AT TIME OF INSPECTION:_			
FOUNDATION <u>HEIGHT(S)</u> : DESIGNEDACTUAL:			

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UNBALANCED BACKFILI	L <u>HEIGHT</u> : FRONT		
REAR	RIGHT SIDE	LEFT SIDE	
TYPE & EXTENT OF REBA	AR/STEEL REINFORCEMENT:		
ADDITIONAL REMARKS:			
	OF THE LICENSED DESIGN	D DESIGN PROFESSIONAL'S PROFESSIONAL OR IS THE	
INSPECTOR ARRIVAL TIM	ИЕ:DEP.	ARTURE/COMPLETION TIME:	
INSPECTOR'S NAME: (prin	ıt)		
(Signature)			
		OFESSIONAL: (I have reviewe meets or exceeds Chapter 4 of the	
SEAL, SIGNATURE and DA	ATE OF SIGNATURE (provide i	n the box above)	
	entwood – Planning & Codes D	•	
REVIEW COMMENTS:		APPROVED: YES	NO
		11110110, 110	110