

City of Brentwood Planning & Codes Department

Footing Inspection Report Form

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

Deliver, Mail OR E-Mail To:
City of Brentwood Planning & Codes Department
5211 Maryland Way
Brentwood, TN 37024-0788
Planning-codes@brentwoodtn.gov

The builder's engineer may inspect the project footings and foundation. This procedure requires notification to the Codes Department (615) 661-7077 on the day of inspection and submittal of this Footing Inspection Report Form from the engineer within three days of footing inspection. For critical lots, this document must also be provided to the Engineering Department at 1750 General George Patton Drive, Brentwood-TN, 37027.

Footing & 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 Adopted 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: _____
TENNESSEE LICENSE NUMBER: _____ EXPIRATION DATE: _____
ADDRESS: _____
CITY _____ STATE: _____ ZIP CODE: _____
TELEPHONE # _____ E-MAIL _____

SITE ADDRESS: _____ LOT# _____ SUBDIVISION _____

DEFINE THE STRUCTURE TYPE AND/OR LOCATION OF FOOTING THIS REPORT IS DOCUMENTING.
(deck, garage, addition, new single family, etc.) (complete or partial report)

____ CONVENTIONAL LOT-(less than 15% grade), ____ TRANSITIONAL LOT-(at least 15% but less than 25% grade) OR ____ STEEP-(over 25% grade)

DESIGN COMPRESSIVE STRENGTH _____

REDI-MIX SUPPLIER _____ ADDITIVES _____
(brand name)

WEATHER CONDITIONS AT TIME OF INSPECTION: _____

SOIL TYPE: _____

FOOTING EXCAVATION DEPTH: DESIGNED _____ ACTUAL _____

FOOTING EXCAVATION WIDTH: DESIGNED _____ ACTUAL _____

MINIMUM FOOTING THICKNESS: DESIGNED _____ ACTUAL _____

TYPE & EXTENT OF REBAR/STEEL
REINFORCEMENT: _____

CONDITION OF FOOTING TRENCH: _____

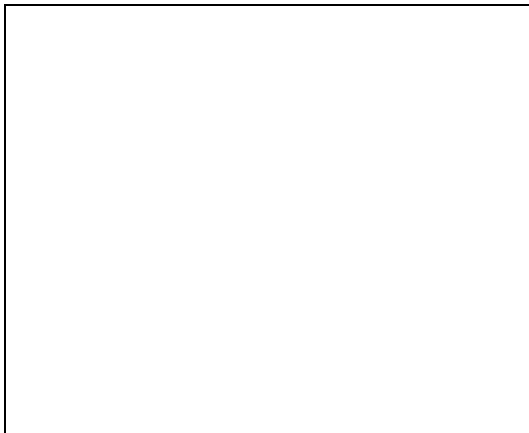
ADDITIONAL
REMARKS: _____

**THE INSPECTOR IS A MEMBER OF THE LICENSED DESIGN PROFESSIONAL'S FIRM AND UNDER
DIRECT SUPERVISION OF THE LICENSED DESIGN PROFESSIONAL OR IS THE LICENSED
DESIGN PROFESSIONAL YES ___ NO ___**

INSPECTOR ARRIVAL TIME _____ DEPARTURE/COMPLETION TIME _____

INSPECTOR'S NAME: (print) _____

TO BE COMPLETED BY THE LICENSED DESIGN PROFESSIONAL: (I have reviewed our field observation
records and have verified that this footing installation meets or exceeds Chapter 4 of the currently Adopted ICC
International Residential Code)



SEAL, SIGNATURE and DATE OF SIGNATURE (provide in the box above)

(STAFF ONLY)
REVIEWED BY: _____ DATE: _____

REVIEW COMMENTS: _____
APPROVED: YES NO