



City of Paola

Inspection Certification Form

Project Address:

Permit Number:

Subdivision:

Lot #:

Owner/Builder:

Master Plan:

Indicate the type of inspection(s) being certified. *An Erosion Control Inspection is required on each site visit.*

STRUCTURAL ELEMENTS FOR FOUNDATION

- ☐ Footing (Perimeter) Approved
- ☐ Thickened Slab Footing Approved
- ☐ Drilled Piers Approved
- ☐ Concrete Encased Electrode

- ☐ Pad(s) for Basement Steel Columns Approved
- ☐ Pad(s) for Garage Steel Columns Approved

- ☐ Pad(s) for Structural Slab Approved
 - [] Garage [] Basement
- ☐ Pad(s) for Structural Slab (Per Plan) Approved
 - [] Garage [] Basement

FOUNDATION WALL

- ☐ Foundation Wall Approved
- Future slabs shall be [G for garage, B for basement, P for porch]. Please insert letter in correct slab section:
- [] Slab-on-Grade
 - [] Overdig Detail
 - [] Structural (per plan)

CONCRETE COLUMNS

- ☐ Column(s) for Structural Slab Approved
Area: _____
- ☐ Column(s) for Structural Slab (per Plan) approved
Area: _____

CONCRETE SLAB(S)

Slab On Grade

- ☐ Basement Slab On Grade Approved
- ☐ Garage Slab On Grade Approved

Standard Overdig Slab Design

- ☐ Basement Overdig Slab Approved
- ☐ Garage Overdig Slab Approved

Standard Structural Slab Design

- ☐ Garage Standard Structural Slab Approved
- ☐ Basement Structural Slab Approved

Structural Slab Design Per Approved Plan

- ☐ Basement Structural Slab Approved
- ☐ Garage Structural Slab Approved

PRE-BACKFILL

- ☐ Foundation drain approved
 - [] Mechanical [] Daylight

- ☐ Damp-proofing approved

SOILS (Include test results)

- ☐ Engineered Fill for Foundation Approved
- ☐ Engineered Fill for Slab Approved

Area: _____

MASONRY FIREPLACE

- ☐ Throat Inspection Approved

OTHER INSPECTIONS

- ☐ Deck piers approved
- ☐ Retaining wall

EROSION CONTROL

- ☐ Approved ☐ Not Approved (see comments below)

Inspection Information:

Inspection Date: _____ Time On: _____ Time Off: _____

Was this a reinspection? ☐ Yes ☐ No If yes, date of first inspection: _____

If yes, was the first inspection conducted by ☐ City of Paola ☐ Third party agency

If this inspection was NOT conducted by the certifier, provide the following information:

Inspector's Name: _____ Date of Last QCI report: _____

COMMENTS: _____

At the time of this inspection, all items inspected were found to be in conformance with the reviewed building plans, reviewed site plan and the City of Paola building code. A copy of the required building permit and previous inspection reports were reviewed at the time of this inspection. An Erosion Control Inspection was performed.

Certifier Signature

Date

Phone

City of Paola Staff Use Only: [] Approved [] Disapproved Inspector's Initials: _____ Date: _____

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