

EVERSTEAD

600 SW JEFFERSON ST, SUITE 300 LEE'S SUMMIT, MISSOURI 64063 (816) 399 -4901

Inspector				Inspection Date Time			
Derek Perez			15	DEC '21	1340		
Address City		Permit #		Owner/Builder			
421 NW Kaylea Ct Lee's Summit			PRF	PRRES20215573 Summit Homes		omes	
Inspection Type			Subdiv	Subdivision		Lot#	
Drilled Pier			Wc	Woodside Ridge		29	
Site Conditions (all must comply if applicable)			Slab (Basement or Garage As Marked)				
 ✓ Erosion control is in place and functional (inspection shall not be performed if erosion control is not functionally in compliance with the City requirements). ✓ Soils – bearing capacity as determined by: ☐ Bearing on undisturbed soil @ 1,500 psf ✓ Per engineer report (comment or attach report) 				Formed & Reinforced Per City Approved Dwgs Garage structural slab per approved plan Basement slab on grade per approved plan 6 mil vapor barrier installed – not required for garage slab Isolation rings or block-outs are provided over pier pads for columns			
Cold weather protection				<u>Footings</u>			
	Wall forms centered on footings Wall thickness as specified on approved plans Reinforcement installed per approved plans Hold downs placed and installed properly Wall openings installed in accordance with City approved plans Deck/porch/balcony columns Top of wall and store formed a minimum of 8" above			Reinforced per city approved plans or engineer report Deck/porch/balcony footings Footing – width, depth and location per approved plans and or engineer report Solid jumps Frost depth (min. 36 inches) Column pads – basement Column/pad at garage structural slab Ufer Ground attachment rod provided			
_	proposed grading contours. Max. 12" block down at garage doors.			Drilled Piers (refer to footings for deck piers)			
				Size: 18" 6-10'			
clari	aining walls (for multipl ify which walls are being nments) Installation per approved plar	•		Bearing: Limestone			
Co	mments:						
	Size, location, and depth of piers were verified. Drilled piers are approved for concrete per Everstead specifications.						
This	s is to certify that I, or qualified individ	luals working under my			TOTAL STATE	MICON	

Ihis is to certify that I, or qualified individuals working under my direction, inspected and/ or tested the above checked items in accordance with the applicable City approved building and site plans, codes and engineering details. The work is complete and to the best of my knowledge was found to be in substantial compliance with the approved plans and specifications.

Signed: Date:

15 DEC '21

