

Third Party Inspection Report

Inspector	Date	Time				
ACHERMANS	1/30/24	11=45 Am				
Company	Permit #	Permit Holder				
SDC ENGINEERING	20236250	NOW MARK HOME				
Inspection Type	Address					
FOOTING	2083 NW OBRIEN ROAD					
E-Mail Address						
ALHERMANS@SDC-CORP.COM						
Instructions: This form must be completed when performing a third party inspection for any building						
permit in Lee's Summit. Submit form within 48 hours after inspection to the Development Services Department. If a subsequent inspection is performed by the City, this form must be submitted prior to						
that inspection being scheduled.	on is performed by the City, this for	m must be submitted prior to				
Check all boxes that apply to the site of	onditions and the inspection being	performed.				
Site Conditions:						
Plans stamped by the City on s	ite with the plot plan included. (Co	pied plans are not acceptable)				
Erosion controls in place and r	naintained					
*Note: If these requirements are not r	net no inspection shall be performe	ed or accepted by the City.				
Foundations and Footings:						
Foundation type and MBOE is equal to or above the plot plan						
Concrete encased electrode (ufer) ground installed (Location must be noted in comments)						
Foundation/Footing meets all City Code requirements and matches City approved plans or						
engineered design.						
Foundation Walls:						
Elevation is sufficient to achiev	Elevation is sufficient to achieve 2% slope away from structure					
No openings below the MBOE						
Concrete encased electrode (Concrete encased electrode (ufer) ground exposed					
Foundation wall meets all City engineered design.	Foundation wall meets all City Code requirements and matches City approved plans or engineered design.					



-					
ы	ra	m	•	n	σ.
	u	m			ь.

Framing meets all City Code requirements and matches City approved plans or engineered design.

*Note: Framing can only be covered after mechanical, electrical, and plumbing inspections have been passed.

Corrective Actions and Comments:

VFER & LEFT FRONT CORNER.

REAR CENTER FREAR PIGHT COLUMN

PADS & EDGE OF EXCAVATION - DO

NOT POUR. REPAIR TO FOLLOW.

I certify that I have inspected, tested, and checked the work performed, and I find the work to be compliant with all applicable City ordinances and approved building plans and site plans and that the all information in this form is both accurate and true.

Signature:

Engineer/Architect Seal

Development Services