



TOWN OF CASTLE ROCK DEVELOPMENT SERVICES
100 N. WILCOX STREET
CASTLE ROCK, CO 80104
PHONE: (720) 733-3527

FOUNDATION COMPLIANCE FORM

BUILDING PERMIT NUMBER: \_\_\_\_\_

CONSTRUCTION SITE ADDRESS: \_\_\_\_\_

CONTRACTORS/BUILDER NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

I/We hereby state that the portion of the foundation system observed for the above referenced project were constructed in general/substantial conformance with the foundation plans and specifications designed for this project and the site where it is constructed.

Indicate type of inspection and date the inspection was made:

DATE OF COMPLIANCE:

DATE OF COMPLIANCE:

\_\_\_\_\_ EXCAVATION

\_\_\_\_\_ FOUNDATION DRAIN

\_\_\_\_\_ PIERS/CAISSONS/FOOTINGS

\_\_\_\_\_ FOUNDATION WALL REINFORCING STEEL

\_\_\_\_\_ SPREAD FOOTING

\_\_\_\_\_ ELECTRICAL GRND/UFER

\_\_\_\_\_ VOID

\_\_\_\_\_ WATER/DAMP PROOFING

STRUCTURAL ENGINEER: (PRINT and Sign): \_\_\_\_\_

SOILS ENGINEER: (PRINT and SIGN): \_\_\_\_\_

DATE: \_\_\_\_\_

NOTE: A ROUGH FRAME OR ELECTRICAL INSPECTION SHALL NOT BE PERFORMED UNTIL THIS FORM HAS BEEN RECEIVED BY THE CASTLE ROCK BUILDING DEPARTMENT.

Jon White, Chief Building Official



SEAL