



**LOUDOUN COUNTY
BUILDING & DEVELOPMENT
CODE ENFORCEMENT DIVISION**

BUILDING INSPECTION CERTIFICATION

Architect/Engineer Data	
Name: _____	_____
Address: _____	_____
_____	_____
Phone # _____	_____

Project/Site Data	
Building Permit # _____	Owner/Builder _____
Site Address: _____	
Project/Subdivision: _____	Section _____ Lot _____

✓	ITEM	DATE	INSPECTOR
FOOTING & FOUNDATION			
	Controlled Fill placed under the Site Permit*		
	Controlled Fill placed under this Building Permit *		
	Footings: On Grade Design Tested Soil (psf*) <i>Engineer Provides</i>		
	Footings: On Grade Design Tested Soil (psf) <i>Engineer Provides*</i>		
	Footing: On Controlled Fill*		
	Pile Foundation		
	Pier Foundation		
	Deck/Porch		
	Concrete wall/steel rebar		
	Backfill (below grade seal)		
	•Drain Mechanical		
	•Drain Gravity/Daylight		
	•Wall Soil Lateral Pressure Design<60 psf*		
	•Wall Soil Lateral Pressure Design = 60 psf with MH or Inorganic CL*		
	•Wall Soil Lateral Pressure Design = 60 psf with SC, ML-CL, or better		
	•Dampproofing		
	•Waterproofing		
MASONRY			
	Masonry Construction		
	Masonry Hearth		

✓	ITEM	DATE	INSPECTOR
SLAB on grade (OG), controlled fill (CF)*, structural (S)			
	Grade Level OG <input type="checkbox"/> CF <input type="checkbox"/> S <input type="checkbox"/>		
	Basement OG <input type="checkbox"/> CF <input type="checkbox"/> S <input type="checkbox"/>		
	Garage Lev OG <input type="checkbox"/> CF <input type="checkbox"/> S <input type="checkbox"/>		
	Stoop/porch OG <input type="checkbox"/> CF <input type="checkbox"/> S <input type="checkbox"/>		
	Areaway OG <input type="checkbox"/> CF <input type="checkbox"/> S <input type="checkbox"/>		
	Elevated Level		
STEEL			
	Structural Steel		
	Cold Rolled Steel		
FIRE PROTECTION			
	Through Penetration Firestop System **		
	Sprayed Cementitious**		
	Mineral Fiber**		
CONCRETE ENCASED GROUNDING ELECTRODE			
	Minimum 20' of ½" rebar		
	Minimum of 20' of #4 copper conductor		
OTHER INSPECTIONS			
	Approved by Building Official		
	Foundation Structural Repair		
	Exterior Insulation Finish System (EIFS)		
	Structural repair(s)		

Retaining Wall:

At the time of this inspection, all items inspected were in accordance with the County approved building plans and the Virginia Uniform Statewide Building Code; a copy of the required building permit was posted on the construction site

Architect/Engineer Seal

Signature: _____ Date: _____

Loudoun County Comments:

Signature: _____ Date: _____