

INSPECTION STAGE NO. 2

(upon completion of framing, prior to drywall)

APPROVED - REJECTED
(circle one upon completion)

Rate the quality of the construction
(Scale of 1 to 5: 5=best, 3=compliant): _____

Builder Name: _____

Enrollment No.: _____

Property Identification: _____

Date of Inspection: _____

City: _____ State: _____

Job #: _____

Description of House (circle): Ranch; Bi-level; 2-Story

**Satisfactory:
Y, N, I or N/A***

Other: _____

(*Y=Yes, N=No, I=Incomplete, N/A=Not Applicable)

Remarks

1. **Description of Foundation** (circle):
Slab on grade; full/partial basement; crawl space; walk out;
other: _____
Backfill Depth: _____ ft.
2. **Foundation Walls** (circle): Poured Concrete; Block; Wood
Dimensions of wall: _____ inches.
3. **Main Support Beam - Dimension** _____ x _____ :
Constr. of: _____ Span: _____
Beam Rests On: _____ Beam Bearing: _____ in.
(Wood Shims are Not Acceptable)
Jack Post is 3" Metal or 4x4 Wooden: (circle) Other: _____
4. **Floor (concrete) - Thickness** _____ inches;
Reinforcements: _____
5. **Floor Joists - Size** 2 x _____ : If Pre-Engineered (Cir)
Span _____ ft. _____ in.; O.C. _____ inches
Species _____; Grade _____
6. All Bridging, Plates, Headers, Lintels:
7. **Sub-Flooring Sheathing - Size** _____ inches:
Nailing; in. O.C. _____ Plywood or O.S.B. (circle)
8. **Bearing Wall Framing: 2 x** _____ O.C. _____ inches:
Exterior Walls 2 x _____ O.C. _____ inches:
9. **Exterior Wall Sheathing** (circle) Plywood; O.S.B.; Foam.
Wall and Corner Bracing: Type: _____
House Wrap (circle) Yes; No
Non-Bearing Walls 2 x _____ O.C. _____ inches:
10. **Fireplace Framing and Chimneys:** (cir) Masonry; Pre-Fab.
Fuel Type: _____
11. Stairways:
12. **Roof Framing - Trusses or Rafters** (circle)
2 x _____ O.C. _____ in., Span _____ ft. _____ in.
Species: _____; Grade: _____
Slope: _____ / 12
Were Truss/Rafter ties used? Yes No (circle)
13. **Roof Sheathing - Size** _____ Inches Ext. Grade:
Flashing, Felt Paper, Drip Edge Shingles:
Was FRT plywood used in the roof? _____
14. **Roof Venting - Ridge and Soffit or Attic** (circle)
15. **Electrical Service** (cir) Overhead; Underground.
Service Size _____ Amps
Wiring:
Additional Hookups (Dryer, etc.) _____
16. **Type of Heating System:** _____ Fuel: _____
Central Air: Yes / No Ductwork: Yes / No
17. **Plumbing - Overall:**
No. of Full Baths _____ 1/2 Baths _____ Rough ins _____
Venting: _____
18. **Water Supply:** Public; Private (circle)
19. **Waste:** Public; Septic Sandmound; Septic Conventional (circle)

Certification: I certify that I have personally inspected the above described structure, that I have no interest present or prospective in same, that I have reported all variances observed and that all construction is in conformance with the governing building codes and warranty standards. This inspection is conducted for the sole benefit and use of Quality Builders Warranty Corp. There is no representation, expressed or implied, to any other party including builder or the homeowner, as to the adequacy of construction.

Inspector's Signature: _____

Date: _____

Inspector's Name: (PRINT) _____