



**Town of Thompson's Station Codes Department**  
Foundation Inspection Report Form

A foundation inspection/report form is required for concrete or masonry foundation walls subject to hydrostatic pressure from groundwater or by Chapter 4 of the 2006 International Residential Code (IRC).

**Mail to:**  
Town of Thompson's Station  
Attn: Building Official  
P.O. Box 100  
Thompson's Station, TN 37179

**Hand-deliver to:**  
Thompson's Station Town Hall  
1550 Thompson's Station Road West  
Thompson's Station, TN 37179

The builder's engineer may inspect the project foundation. This procedure requires notification to the Codes Department (615-794-4333) on the day of inspection and submittal of this Foundation Inspection Report Form from the design professionals within five (5) days after foundation inspection. Foundation construction shall be capable of accommodating all loads and the transmitting of resulting loads to supporting soils according to Chapter 4 of the 2006 IRC. Fill soils that support footings and foundations shall be designed, installed and testing in accordance with accepted engineering practices. Foundation drainage, foundation waterproofing and dampproofing installations/applications must comply with Chapter 4.

DESIGN PROFESSIONAL: \_\_\_\_\_ DATE: \_\_\_\_\_

TENNESSEE LICENSE NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

---

SITE ADDRESS: \_\_\_\_\_ LOT #: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

CRITICAL LOT? (circle one) **YES** / **NO** DESIGN COMPRESSIVE STRENGTH: \_\_\_\_\_

REDI-MIX SUPPLIER: \_\_\_\_\_ ADDITIVES (brand name): \_\_\_\_\_

WEATHER CONDITIONS AT TIME OF INSPECTION: \_\_\_\_\_

---

FOUNDATION HEIGHT(S): DESIGNED: \_\_\_\_\_

ACTUAL: \_\_\_\_\_

FOUNDATION WIDTH: DESIGNED: \_\_\_\_\_

ACTUAL: \_\_\_\_\_

UNBALANCED BACKFILL HEIGHT: FRONT: \_\_\_\_\_

REAR: \_\_\_\_\_ RIGHT SIDE: \_\_\_\_\_ LEFT SIDE: \_\_\_\_\_

TYPE AND EXTENT OF REBAR/STEEL REINFORCEMENT: \_\_\_\_\_

ADDITIONAL REMARKS: \_\_\_\_\_

THE INSPECTOR IS A MEMBER OF THE LICENSED DESIGN PROFESSIONAL'S FIRM AND UNDER DIRECT SUPERVISION OF THE LICENSED DESIGN PROFESSIONAL OR IS THE LICENSED DESIGN PROFESSIONAL (circle one) **YES / NO**

INSPECTOR ARRIVAL TIME: \_\_\_\_\_ DEPARTURE/COMPLETION TIME: \_\_\_\_\_

INSPECTOR'S NAME (print): \_\_\_\_\_

(signature): \_\_\_\_\_

NAME OF LICENSED DESIGN PROFESSIONAL'S FIRM: \_\_\_\_\_

TO BE COMPLETED BY THE LICENSED DESIGN PROFESSIONAL: (I have reviewed our field observation records and have verified that the foundation wall installation meets or exceeds Chapter 4 of the 2006 International Residential Code)



SEAL AND SIGNATURE (Above)

**(STAFF ONLY)** \_\_\_\_\_  
REVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REVIEW COMMENTS \_\_\_\_\_

APPROVED (circle one) **YES / NO**