## **INSPECTION REPORT**

PERMIT NUMBER: BP-15-00654 OWNER'S NAME: ZEHNER

| DATE:  |                                    | 10/13/2015       | TYPE:      | Post holes      |  |
|--|------------------------------------|------------------|------------|-----------------|--|
| TIME STARTED:  |                                    | 12:20 PM         | INSPECTOR: | Jeremy Haberman |  |
| MAP NUMBER:  |                                    | 17-19-28056-0002 |            |                 |  |
|  | 1. Setbacks                        | OK.              |            |                 |  |
|  | 2. Post Holes OK.                  |                  |            |                 |  |
|  |                                    |                  |            |                 |  |
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|  |                                    |                  |            |                 |  |
| INSTRUCTIONS: OK to Pour.  |                                    |                  |            |                 |  |
|  |                                    |                  |            |                 |  |
| NEXT INSPECTION: Framing/Final   |                                    |                  |            |                 |  |
| RE-INSPECTION FEE DUE? VES \$  |                                    |                  |            |                 |  |
| IF REQUIRED, RE-INSPECTION FEES MUST BE PAID PRIOR TO SCHEDULING A RE-INSPECTION   |                                    |                  |            |                 |  |
| QUESTIONS? PLEASE CONTACT THE INSPECTOR AT THE FOLLOWING E-MAIL ADDRESS:   |                                    |                  |            |                 |  |
|  | ieremv.haberman @co.kittitas.wa.us |                  |            |                 |  |
| <ul> <li>INSPECTION REQUEST LINE: <a href="www.co.kittitas.wa.us/cds/request.asp">www.co.kittitas.wa.us/cds/request.asp</a> or 509-962-7694 ◆</li> <li>411 N. Ruby Street, Suite 2, Ellensburg, WA 98926 ◆ Main Office Line: 509-962-7506</li> </ul> |                                    |                  |            |                 |  |