KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

INSPECTION REPORT

PERMIT NUMBER:	BP-14-00096	**OWNER'S NAME:**	KCFD #7
DATE:	10/10/2014	**TYPE:**	Slab insulation
TIME STARTED:	10:46 AM	**INSPECTOR:**	Amber Green
MAP NUMBER:	20-14-26040-0005		

	1. Perimeter slab insulation OK

INSTRUCTIONS: Ok to Backfill

NEXT INSPECTION: Slab Plumbing

RE-INSPECTION FEE DUE? ☑ **NO** ☐ **YES** **$** _____

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:

_____amber.green **@co.kittitas.wa.us**