KITTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

INSPECTION REPORT

PERMIT NUMBER:	BP-15-00056	**OWNER'S NAME:**	LARSON
DATE:	9/25/2015	**TYPE:**	Radiant heat
TIME STARTED:	3:37 PM	**INSPECTOR:**	Jeremy Haberman
MAP NUMBER:	20-14-14050-0924		

	1. Radiant OK. 100#/15min. (3) Seperate MAnifolds on Test.
	2. Slab Insulation OK Throughout.
	3. Thickened Slab Footings OK in MAster Bedroom Wing.

INSTRUCTIONS: OK to Pour MAster Bedroom Wing.

NEXT INSPECTION: Thickened Slab

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:

_____jeremy.haberman **@co.kittitas.wa.us**