INSPECTION REPORT

TYPE:

OWNER'S NAME: CLE ELUM/ROSLYN SC

Insulation

PERMIT NUMBER: BP-15-00300

DATE:

11/10/2015

TIME STARTED:	1:25 PM	INSPECTOR:	Mike Flory
MAP NUMBER:	20-15-21030-0013		
1. Saw So	outh wall and partial West wall	insulated.	
2. Send picture of walls with vapor barrier.			
3. OK to cover South and West walls along with one (1) side sound wall. Will see rest on T			
hursday.			
INSTRUCTIONS:			
NEXT INSPECTION	: Thursday Insulation North a	nd interior walls.	
RE-INSPECTION FE	E DUE? NO	YES	\$
IF RE	EQUIRED, RE-INSPECTION FEES MUS	ST BE PAID PRIOR TO SCH	IEDULING A RE-INSPECTION
C	QUESTIONS? PLEASE CONTACT THE	INSPECTOR AT THE FOLLO	OWING E-MAIL ADDRESS:
		mike.flory @co	kittitas.wa.us
	ECTION REQUEST LINE: <u>www.co</u> 411 N. Ruby Street, Suite 2, Ellensbu		