## **INSPECTION REPORT**

TYPE:

OWNER'S NAME: CASCADE VIEW

Plumbing

PERMIT NUMBER: BP-15-00607

DATE:

12/9/2015

| TIME STARTED:                                                                                                                                                                                                             | 9:04 AM                     | INSPECTOR:               | Jeremy Haberman          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------|--------------------------|
| MAP NUMBER:                                                                                                                                                                                                               | 18-18-27071-0126            |                          |                          |
|                                                                                                                                                                                                                           |                             |                          |                          |
| NOTE: SHEAR CORRECTION OUTSTANDING. Nuts Not Installed on Holdowns.                                                                                                                                                       |                             |                          |                          |
| 2. Plumbing Rough In OK. DWV at 8#/15min. Supply at 80#/15min. OK.                                                                                                                                                        |                             |                          |                          |
| 3. Mechanical Exhaust OK.                                                                                                                                                                                                 |                             |                          |                          |
| 4. Fresh Air                                                                                                                                                                                                              | Intake to Air Handler Verif | ïed.                     |                          |
|                                                                                                                                                                                                                           |                             |                          |                          |
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|                                                                                                                                                                                                                           |                             |                          |                          |
| INSTRUCTIONS: Will Check Shear Corrections at Framing.                                                                                                                                                                    |                             |                          |                          |
|                                                                                                                                                                                                                           |                             |                          |                          |
|                                                                                                                                                                                                                           |                             |                          |                          |
| NEXT INSPECTION:                                                                                                                                                                                                          | Framing.                    |                          |                          |
| RE-INSPECTION FEE                                                                                                                                                                                                         | DUE? V NO                   | YES                      | \$                       |
| IF REQ                                                                                                                                                                                                                    | UIRED, RE-INSPECTION FEES M | UST BE PAID PRIOR TO SCH | HEDULING A RE-INSPECTION |
| QUESTIONS? PLEASE CONTACT THE INSPECTOR AT THE FOLLOWING E-MAIL ADDRESS:                                                                                                                                                  |                             |                          |                          |
|                                                                                                                                                                                                                           |                             | ieremv.haberman @co      | .kittitas.wa.us          |
| • 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 • 411 N. Ruby Street, Suite 2, Ellensburg, WA 98926 • Main Office Line: 509-962-7506 |                             |                          |                          |
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