



**CITY OF SENECA**  
*Planning & Development*  
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**Edward R. Halbig, AICP**  
**Director of Planning &**  
**Development Department**

### Third Party Footing/Foundation Inspection Report

The City of Seneca currently enforces the 2018 editions of the International Codes and the 2017 National Electrical Code. Section 109 of the International Residential Code and Section 110 of the International Building Code says that the building official is authorized to accept reports of approved inspection agencies, provided such agencies satisfy the requirements as to qualifications and reliability. To provide such reports in place of or in conjunction with required inspection this report must be approved prior to work being done. All follow up documentation should be delivered in a timely manner for permanent record with the permit and in accordance with State architectural and engineering law. This report is not all-inclusive, and the inspector should address all pertinent code issues. Please complete the following and **have signed authorization from the Building Official prior to proceeding.**

Permit Number: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Job location: \_\_\_\_\_

Size of footings/foundation: \_\_\_\_\_

Number of Stories (including story above grade basement) \_\_\_\_\_

Soil bearing capacity: \_\_\_\_\_ (p.s.f.)

Comments: \_\_\_\_\_

Check for: Permit posted: \_\_\_\_\_  
Gravel access drives: \_\_\_\_\_  
Port-a-john present: \_\_\_\_\_  
911# address posted: \_\_\_\_\_  
Silt fence erosion control (if applicable): \_\_\_\_\_  
Rebar placement correct (if applicable\*): \_\_\_\_\_  
\*If more than 20 foot of rebar is made electrical  
Ground must be bonded and copper wire coiled: \_\_\_\_\_  
Adequate setback from lot lines per code: \_\_\_\_\_  
Footing/Foundation meets requirements for code or  
Alternate method as approved with Building Official: \_\_\_\_\_

Inspection Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ FAX: \_\_\_\_\_

Field Technician: \_\_\_\_\_

Engineer \_\_\_\_\_

Building Officials acknowledgement \_\_\_\_\_ Date \_\_\_\_\_