

85 SE "D" Street • Madras, Oregon 97741 • Ph: (541) 475-4462 • Fax: (541) 325-5004

Job Address:

Type of Inspection: FOOTING

☐ **Electrical**

❑ Plumbing

☒ Structural

❑ Mechanical

☐ Manufactured Home

Permit No. _____

Owner:

Contractor:

Date inspected:

Time: *PM*

Type of Inspection:

☐ Unable to inspect☐ No corrections noted☐ Correction(s) expected within _____ days.

Inspection Report No.:

☐ Correction(s) noted: (Page of).

Footings on Marion East

SECOND DOME ON NORTH SIDE

APPROVED FOR FOUR

☐ Reinspection required prior to approval / call to reschedule

Inspector Name:

Top Copy — Office

Yellow Copy — Job Site