

PERMIT NO.:_____

OWNERS NAME: _____

PROJECT LOCATION: _____

A. <u>Roof</u>	
Roof Material	
Roof Sheathing	
Raftersx Spacing	
or Engineered Trusses Spacing	
B. Ceiling	
Insulation	/ /
Vapour Barrier	
Ceiling Joist Spacing	
Ceiling Material	
C. <u>Walls</u>	
Double top plate	
xStuds aton Center	
Single bottom plate	
Insulation	
Vapour Barrier	
Wall Sheathing	-E
Exterior wall finish Grade	
	sulation III— _®
D. Beam	
xplyxspecies	
Supported at on center	
columns	
xxfooting	
E. Foundation	
inch Concrete foundation wall at least ft below grad	
Footing wide thick	
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F. <u>Floor</u>	
x underlay sub floor	
x Joist at on center Species Bridging at 7" on centre	
G. <u>Crawl Space</u> Comments:	
2" sand on 6 mil poly or equal 🗌	
Ventilation	
Insulation	