

**Lake Ridge Estates  
Home Association  
Building Inspection Form**

Location:      Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Street: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Builder/Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

| Inspection Type                      | Date                              | Inspector                                       |
|--------------------------------------|-----------------------------------|---|
| <b>FOOTINGS</b>                      |                                   |   |
| Comments:                            |                                   |   |
| <input type="checkbox"/> Disapproved | <input type="checkbox"/> Approved | <input type="checkbox"/> Re-Inspection Required |

| Inspection Type                      | Date                              | Inspector                                       |
|--------------------------------------|-----------------------------------|---|
| <b>CONCRETE SLAB OR UNDER-FLOOR</b>  |                                   |   |
| Comments:                            |                                   |   |
| <input type="checkbox"/> Disapproved | <input type="checkbox"/> Approved | <input type="checkbox"/> Re-Inspection Required |

| Inspection Type                      | Date                              | Inspector                                       |
|--------------------------------------|-----------------------------------|---|
| <b>FOUNDATION WALLS</b>              |                                   |   |
| Comments:                            |                                   |   |
| <input type="checkbox"/> Disapproved | <input type="checkbox"/> Approved | <input type="checkbox"/> Re-Inspection Required |

| Inspection Type                      | Date                              | Inspector                                       |
|--------------------------------------|-----------------------------------|---|
| <b>PRE-INSULATION</b>                |                                   |   |
| Comments:                            |                                   |   |
| <input type="checkbox"/> Disapproved | <input type="checkbox"/> Approved | <input type="checkbox"/> Re-Inspection Required |

| Inspection Type                      | Date                              | Inspector                                       |
|--------------------------------------|-----------------------------------|---|
| <b>FINAL</b>                         |                                   |   |
| Comments:                            |                                   |   |
| <input type="checkbox"/> Disapproved | <input type="checkbox"/> Approved | <input type="checkbox"/> Re-Inspection Required |

Inspections Complete \_\_\_\_\_  
Inspectors Name

Submitted for payment \_\_\_\_\_  
Date