



McLENNAN COUNTY
NOTICE OF RESIDENTIAL CONSTRUCTION
INSPECTION COMPLIANCE
IN UNINCORPORATED AREA

(to be submitted by Builder within 10 days of final inspection)

PROJECT INFORMATION

TYPE OF CONSTRUCTION: (Check One)

- 1) New Residential Construction on a vacant lot
2) Addition to an Existing Residential Unit

Received
Related OSSF Application #
File #

SITE INFORMATION:

Property Owner:
Address (of project) -
Lot and Block # - Subdivision Name -
Deed Reference Property ID (MCAD) #

RESIDENTIAL CODE USED IN CONSTRUCTION: (Check One)

- 1) INTERNATIONAL RESIDENTIAL CODE - published date
2) INTERNATIONAL RESIDENTIAL CODE - applicable in Waco, TX

SUBMIT INSPECTION REPORTS WITHIN 10 DAYS OF FINAL INSPECTION TO:

McLennan County Engineer
215 N. 5th Street
P.O. Box 648
Waco, Texas 76703
(254) 757-5028 (tel.)
(254) 757-5033 (fax)

**INSPECTION INFORMATION**  
**(ATTACH ALL INSPECTION REPORTS)**

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1) ***FOUNDATION STAGE*** (before placement of concrete)

- a) **IN COMPLIANCE** with the residential code used in construction.
- b) **NOT IN COMPLIANCE** with the residential code used in construction.

INSPECTOR INFORMATION

NAME: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE (REQUIRED)**

\_\_\_\_\_  
DATE

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2) ***FRAMING AND MECHANICAL SYSTEMS STAGE***

(before covering with drywall or other interior wall covering)

- a) **IN COMPLIANCE** with the residential code used in construction.
- b) **NOT IN COMPLIANCE** with the residential code used in construction.

INSPECTOR INFORMATION

SAME AS ABOVE

NAME: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE (REQUIRED)**

\_\_\_\_\_  
DATE

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3) ***COMPLETION (Final Inspection)***

- a) **IN COMPLIANCE** with the residential code used in construction.
- b) **NOT IN COMPLIANCE** with the residential code used in construction.

INSPECTOR INFORMATION

SAME AS ABOVE

NAME: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE (REQUIRED)**

\_\_\_\_\_  
DATE