

PERMIT # _____

LOT: _____

BLOCK: _____

F R A M I N G C H E C K L I S T

Instructions: Builder or Builder's representative checks boxes marked 'B'. Building Inspector checks boxes marked 'I'. Responsible Person in Charge of Work signs, initials and dates in spaces provided. Building Inspector initials and dates in spaces provided.

NOTE: ALL ITEMS SHOULD BE AS SHOWN ON THE PLANS OR AS REQUIRED BY CODE.

A. BASEMENT OR CRAWL SPACE

1. ANCHORAGE:	2. SILL PLATES:	3. BEAM POCKETS:	4. COLUMNS:
BOLTS	<input type="checkbox"/> I <input type="checkbox"/> B SIZE	<input type="checkbox"/> I <input type="checkbox"/> B BEARING/SHIMS	<input type="checkbox"/> I <input type="checkbox"/> B SIZED PER PLAN
<input type="checkbox"/> I <input type="checkbox"/> B SPACING	<input type="checkbox"/> I <input type="checkbox"/> B GRADE, SPECIES	<input type="checkbox"/> I <input type="checkbox"/> B TERMITE PROTECTION OR CLEARANCE	<input type="checkbox"/> I <input type="checkbox"/> B ATTACHMENT/PLATES
<input type="checkbox"/> I <input type="checkbox"/> B SIZE	<input type="checkbox"/> I <input type="checkbox"/> B TREATMENT	<input type="checkbox"/> I <input type="checkbox"/> B LAPS	<input type="checkbox"/> I <input type="checkbox"/> B SPACING/LOCATION
STRAPS	<input type="checkbox"/> I <input type="checkbox"/> B SILL SEALER	<input type="checkbox"/> I <input type="checkbox"/> B PROPER TREATMENT OVER FOUNDATION OPENINGS (BEARING OF JOIST)	<input type="checkbox"/> I <input type="checkbox"/> B PAINT/COATING
<input type="checkbox"/> I <input type="checkbox"/> B SPACING (PER MANUFACTURER'S SPECS)	<input type="checkbox"/> I <input type="checkbox"/> B TERMITE PROTECTION		

B. FLOOR FRAMING AND FLOORING

1. BOX OR RIM JOIST, OR PERIMETER BAND JOIST:	2. GIRDERS AND BEAMS:	3. FLOOR JOIST:
1 ST FLOOR	1 ST FLOOR	1 ST FLOOR
<input type="checkbox"/> I <input type="checkbox"/> B SIZE	<input type="checkbox"/> I <input type="checkbox"/> B SIZED PER PLAN	<input type="checkbox"/> I <input type="checkbox"/> B SIZED PER PLAN
<input type="checkbox"/> I <input type="checkbox"/> B GRADE, SPECIES	<input type="checkbox"/> I <input type="checkbox"/> B TYPE	<input type="checkbox"/> I <input type="checkbox"/> B GRADE, SPECIES
<input type="checkbox"/> I <input type="checkbox"/> B SINGLE OR DOUBLE	<input type="checkbox"/> I <input type="checkbox"/> B GRADE, SPECIES	<input type="checkbox"/> I <input type="checkbox"/> B GRADE, SPECIES
<input type="checkbox"/> I <input type="checkbox"/> B PRE-ENGINEERED PER MANUFACTURER'S SPECS	<input type="checkbox"/> I <input type="checkbox"/> B LOCATION AND RELATION TO THE PLAN	<input type="checkbox"/> I <input type="checkbox"/> B PRE-ENGINEERED COMPONENTS AS SPECIFIED
<input type="checkbox"/> I <input type="checkbox"/> B CANTILEVERS AS PER DESIGN	<input type="checkbox"/> I <input type="checkbox"/> B NAILING	<input type="checkbox"/> I <input type="checkbox"/> B BEARING
	<input type="checkbox"/> I <input type="checkbox"/> B ATTACHMENT SCHEDULE	<input type="checkbox"/> I <input type="checkbox"/> B NAILING
	<input type="checkbox"/> I <input type="checkbox"/> B BEARING	<input type="checkbox"/> I <input type="checkbox"/> B BRIDGING
	<input type="checkbox"/> I <input type="checkbox"/> B LAPPING	<input type="checkbox"/> I <input type="checkbox"/> B CUTTING AND NOTCHING (AS PER CODE)
		<input type="checkbox"/> I <input type="checkbox"/> B POINT LOADS - SUPPORTED AS PER PLAN
		<input type="checkbox"/> I <input type="checkbox"/> B SPAN HANGERS
		<input type="checkbox"/> I <input type="checkbox"/> B HEADERS
		<input type="checkbox"/> I <input type="checkbox"/> B FRAMED OPENINGS

4. FLOORING, SHEATHING, OR DECKING:

1 ST FLOOR	2 ND FLOOR	3 RD FLOOR
<input type="checkbox"/> I <input type="checkbox"/> B MATERIAL	<input type="checkbox"/> I <input type="checkbox"/> B MATERIAL	<input type="checkbox"/> I <input type="checkbox"/> B MATERIAL
<input type="checkbox"/> I <input type="checkbox"/> B PANEL SPAN, THICKNESS	<input type="checkbox"/> I <input type="checkbox"/> B PANEL SPAN, THICKNESS	<input type="checkbox"/> I <input type="checkbox"/> B PANEL SPAN, THICKNESS

5. STAIR ATTACHMENT:

1 ST FLOOR	2 ND FLOOR	3 RD FLOOR
<input type="checkbox"/> I <input type="checkbox"/> B BEARING	<input type="checkbox"/> I <input type="checkbox"/> B BEARING	<input type="checkbox"/> I <input type="checkbox"/> B BEARING
<input type="checkbox"/> I <input type="checkbox"/> B NAILING	<input type="checkbox"/> I <input type="checkbox"/> B NAILING	<input type="checkbox"/> I <input type="checkbox"/> B NAILING

SPECIAL REQUIREMENTS

<input type="checkbox"/> I <input type="checkbox"/> B EDGE BLOCKING (IF REQUIRED)	<input type="checkbox"/> I <input type="checkbox"/> B GAPPING	<input type="checkbox"/> I <input type="checkbox"/> B LAYOUT
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I hereby certify that I inspected this building using this checklist and it conforms to the released plans and to the requirements of the Uniform Construction Code, N.J.A.C. 5:23.

Responsible Person in Charge of Work: _____ Date: _____

Building Inspector Initials: _____ Date: _____

