

PERMIT # _____

LOT: _____

BLOCK: _____

FRAMING CHECKLIST

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

B. FLOOR FRAMING AND FLOORING

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

SPECIAL REQUIREMENTS

- EDGE BLOCKING (IF REQUIRED) B I
- GAPPING B I
- LAYOUT B I

5. STAIR ATTACHMENT:

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

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: _____

