



SPOTSYLVANIA COUNTY RESIDENTIAL FOUNDATION FORM

Effective: February 1, 2007
Revised: August 7, 2018

THIS FORM MUST BE COMPLETELY FILLED OUT IN ORDER TO PROCESS

PART 1

APPLICANT

To be filled out by applicant

Name of owner/builder: _____ Date: _____

Site address: _____

Subdivision: _____ Tax Map & Lot Number: _____

Type of construction (new dwelling, addition, deck, etc.): _____

Please provide the following information regarding the proposed project:

Foundation drain shall discharge by: _____ Sump crock

Areaway drain shall discharge by: _____ Sump crock ___ N/A

Rough-in plumbing to be installed into sewage ejector crock: ___ Yes ___ N/A

Step footings required: ___ Yes, location _____
___ N/A

Recessed brick ledge in wall: ___ Yes, attach design if exceeds 24 inches
___ N/A

Applicant signature: _____

Name of owner/builder: _____ Date: _____ Application #: _____
Site address: _____
Subdivision: _____ Tax Map & Lot Number: _____

PART 2

SOIL TEST RESULTS

To be filled out by soil professional only if a soil test was performed

Part 2 Soil test results ___ Applies (soil report attached) ___ N/A

Subsurface conditions (based on hand auger boring):

Fill encountered: ___ Yes ___ Depth ___ No

Groundwater encountered: ___ Yes ___ Depth ___ No

Soil found at the above referenced site is:
___ High, ___ Medium, ___ Low, or ___ Non-shrink swell soil.

The soil tested has a classification of: _____, based on the Unified Soil Classification System

Based on the soil conditions found at the site (check as appropriate):

- ___ A foundation design is required by a Va. licensed professional engineer or architect, or
- ___ A foundation based upon the minimum requirements of the building code is Adequate

Design load-bearing capacity of soil: _____ Soil swell pressure: _____
Minimum footing depth: _____ Lateral pressure of soil on wall _____*

Additional Notes:

___ * Unless reduced by the Foundation Design Engineer by replacement of backfill material or use of isolation Material

The undersigned design professional hereby certifies that all samples and tests were performed in accordance with the Spotsylvania County Soil Testing Policy for Residential Projects and that he/she performed or supervised the soil sampling, conducted or supervised the laboratory testing and evaluations, and prepared or supervised the preparation of the report.

Design Professional's Seal & Signature and date

Name of owner/builder: _____ Date: _____ Application #: _____

Site address: _____

Subdivision: _____ Tax Map & Lot Number: _____

PART 3

FOUNDATION DESIGN

To be filled out by design professional only if a foundation design was required

Part 3 Foundation design Applies (drawings attached) N/A

Design based upon: Expansive soil, High water table, Existing fill,
 Other, please specify _____

Design load-bearing capacity of soil: _____ Soil swell pressure: _____

Designed for lateral pressure of _____ pounds per square foot/foot of depth on:
 Footing, Wall, Piers

Minimum footing depth: _____ Minimum footing width: _____

Minimum footing thickness: _____ Minimum wall thickness: _____

Minimum pier size: _____ Minimum pier depth: _____

Minimum slab thickness: _____

Rebar required for: Footing, Wall, Pier, Slab, N/A

Designed for garage surcharge load of _____ pounds per square foot

Designed for uplift on: Footing, Wall, Slab, Piers, N/A

Type of soil to be used as backfill material: _____

Existing soil to be used as backfill material: Yes No

Expansive soils shall not be re-used as backfill material. See section 11 of the Residential Foundations Policy.

Special slab drainage required: Yes (design attached) No
discharge by: Gravity Sump crock N/A

Isolation from expansive soil required at: Footing, Wall, Slab, Pier,
 N/A

Dimension of req'd isolation: Footing, Wall, Slab, Pier,
 N/A

Type of isolation material: _____

Name of owner/builder: _____ Date: _____ Application #: _____

Site address: _____

Subdivision: _____ Tax Map & Lot Number: _____

FOUNDATION DESIGN (cont.)

Removal of existing soil required at: ___ Footing, ___ Wall, ___ Slab, ___ Pier, ___ N/A

Extent of required removal: _____

Roof drainage requirements of VUSBC 2012 R801.3 apply: ___ Yes, ___ No

Additional Notes:

The undersigned design professional hereby certifies that the above referenced foundation design was based upon sound engineering practice and the recommendations provided within the soil report for the above referenced project.

Design Professional's Seal & Signature and date