



SPECIAL STRUCTURAL INSPECTIONS CERTIFICATE

TO BE COMPLETED BY ENGINEER / ARCHITECT RESPONSIBLE FOR SPECIAL INSPECTIONS

PERMIT #:		PROJECT NAME:	
PARCEL #:		PROJECT ADDRESS:	
PROJECT OWNER/OWNER AGENT:		MAILING ADDRESS:	PHONE #:
ENGINEER/ARCHITECT NAME:		MAILING ADDRESS:	PHONE #:

(Seal, Sign and Date)	I hereby affirm that I am familiar with the design of this project and have been designated by the Owner / Owner's Agent as the Engineer / Architect responsible for implementing the Special Structural inspections Program required by the Authority having Jurisdiction and the 2012 International Building Codes section 107 and chapter 17. I have determined that the types of work checked below require Special Structural inspection and that the individual(s) or firm(s) named below are qualified to perform the Special Inspections. I understand and agree to inform the project owner, the contractor(s), and the Special Inspector(s) about all Special Inspection Program requirements and limitations, including that the Special inspector(s) must be independent third-party individual(s) or firm(s) and shall not be the installing contractor(s).
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TYPES OF INSPECTION REQUIRED: (Check each type of inspection required by architect/engineer of record)
FOOTNOTES: ¹EXTENT OF WORK INSPECTED; CONTINUOUS OR PERIODIC, FREQUENCY

- 1. CONCRETE and BOLTS INSTALLED IN CONCRETE:
 Inspection Scope & Schedule¹ _____

 Frequency of Sampling Materials _____
 Frequency of Testing _____
- 2. REINFORCING STEEL AND PRE-STRESSED STEEL TENDONS:
 Inspection Scope & Schedule¹ _____

 Method of Testing _____
- 3. STRUCTURAL STEEL: RESISTING STEEL FRAMES, REINFORCING STEEL AND HIGH-STRENGTH BOLTING:
 Inspection Scope & Schedule¹ _____

 Types of Non-Destructive Testing _____
 Frequency of Testing _____
- 4. STRUCTURAL MASONRY:
 Inspection Scope & Schedule¹ _____

 Frequency of Sampling Materials _____
 Frequency of Testing _____

5. SPRAYED ON FIREPROOFING:
Inspection Scope & Schedule¹ _____

Method of Inspection _____
Frequency of Sampling Material _____
Frequency of Testing _____

6. SPECIAL GRADING, EXCAVATION, FILLING, PILING, DRILLED PIERS AND CAISSONS:
Inspection Scope & Schedule¹ _____

Method of Testing Soil Density _____

7. SPECIAL CASES:
Inspection Scope & Schedule¹ _____

Method of Inspection _____
Other _____

SPECIAL INSPECTOR CERTIFICATION:

I hereby certify that I am qualified to perform the special inspection items marked above, that I will perform the special inspections at the appropriate times as scheduled by the contractor and that I will submit weekly and final reports.

SPECIAL INSPECTOR: _____ DATE: _____

NAME PRINTED: _____

OWNER CERTIFICATION:

I hereby certify that I will employ the aforementioned Special Inspector to perform the inspections show above.

OWNER/owner applicant: _____ DATE: _____

NAME PRINTED: _____

NOTES: Special Inspection weekly reports must be submitted to the owner and to the Building Official within 5 working days of the last day of the week being reported to avoid Suspension of the Building Permit and possible Stop Work Order. A monthly summery letter is required for overall status including any outstanding items that require follow-up. The final special inspection approval letter(s) must be submitted before use or occupancy. Any variation to the special inspection proposal requires prior approval of the Building Official.