

APPLICATION FOR SPECIAL INSPECTION / INSPECTOR

This form must be completed by the BUILDING PERMIT APPLICANT.

This statement must be completed and approved before the building permit can be issued.

I. Location of Building			
Address:			
City:		State:	Zip:
II. Applicant Information			
Applicant Name:			
Address:		City:	State:
Phone:	Cell:		Fax:
III. Materials and Work Subject to Special Inspection (check all that apply)			
	A. Steel Fabrication	Is fabricator ASIC Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	B. Steel Erection (bolts, nuts, washers, material, welding, cutting, etc.)		
	C. Masonry Construction Operations (material: proportioning, mixing, consistency and application of mortar and grout; condition, size, location and spacing of reinforcement; cold and/or hot protection: etc.)		
	D. Concrete (material; condition, size, location and spacing of reinforcement; placement techniques; cold and/or hot protection, etc.)		
	E. Precast Concrete (must have a quality control program administered by an approved agency)		
	F. Precast Concrete Erection (compliance with erection drawings; cutting; etc.)		
	G. Wood Fabrication (trusses, lam beam, micro lams, I-joists, etc.)		
	H. Other: _____		
<p>Report Requirements: Special inspectors shall keep records of all inspections. The special inspector shall furnish inspection reports to the code official, and the registered design professional of record. All discrepancies shall be brought to the immediate attention of the contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and the registered design professional of record.</p>			
<p>Unless otherwise specified by the Code Official:</p> <p>*Special inspection reports shall be delivered to the code official before covering or concealing structural elements.</p> <p>*A final report of inspections documenting completion of all required special inspections and corrections of any discrepancies noted in the inspections shall be submitted prior to the issuance of a Certificate of Occupancy.</p>			
IV. Special Inspection Information			
A. STEEL FABRICATION			
Company Name:			
Address: (Street, City, State, Zip)			
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

B. STEEL ERECTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

C. MASONRY CONSTRUCTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

D. CONCRETE CONSTRUCTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

E. PRECAST CONCRETE

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

F. PRECAST CONCRETE ERECTION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

G. WOOD FABRICATION

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

H. OTHER (PREPARED FILL)

Company Name:

Address: (Street, City, State, Zip)

List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):

V. CONFLICT OF INTEREST

Each special inspector must complete and sign the following conflict of interest form. (Make additional copies if needed.)

Name of Special Inspector or Firm:

Are you or your spouse employed or in any way affiliated with the contractor or fabricator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please explain your affiliation:

Is the contractor or fabricator related to you by blood or marriage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you or your spouse own stock in the contractor's or fabricator's company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or your spouse have any financial affiliation with the contractors or fabricators?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that false statements herein are sufficient grounds for rejection of the application. I understand that my statements herein are a material consideration in case of appointment.		
Signature of Inspector:	Date:	