

Uniform Construction Code

SPECIAL INSPECTIONS AND OBSERVATIONS STATEMENT

This statement must accompany permit applications for all construction for which special inspections and observations are required in Chapter 17 of the <i>International Building Code 2009 (IBC)</i>	
Project Name:	
Project Address:	
Owner:	Telephone:

This is to certify that all the inspections and observations that I have checked on pages 2-3 **and** on page 4 of this statement are required for the project named above and will be performed by the designated individuals or firms. By signing this statement, I also acknowledge that:

- these inspections and observations must be performed by competent individuals in accordance with the requirements of the *IBC* Chapter 17 (as applicable) and that the construction work must comply with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to department representatives, upon request; and,
- the Final Report section of this statement must be signed by me and a copy of this statement submitted to the department inspector, at the time that the final inspection is performed and before a certificate of occupancy is issued.

Name of Design Professional in Responsible Charge

Affix Seal Here

Signature of Design Professional in Responsible Charge

PA License Number

____/____/____
Date signed (Month/Day/Year)

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS (Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.)
<input type="checkbox"/>	Inspection of Fabricators		
<input type="checkbox"/>	Inspection of Steel Construction		
<input type="checkbox"/>	Inspection of Concrete Construction		
<input type="checkbox"/>	Inspection of Masonry Construction		
<input type="checkbox"/>	Inspection of Wood Construction		
<input type="checkbox"/>	Inspection of Soil Conditions		
<input type="checkbox"/>	Inspection of Driven Deep Foundations		

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS (Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.)
<input type="checkbox"/>	Inspection of Cast-in-Place Foundations		
<input type="checkbox"/>	Inspection of Helical Pile Foundations		
<input type="checkbox"/>	Inspection of Vertical Masonry Foundation Elements		
<input type="checkbox"/>	Inspection of Sprayed Fire-Resistant Materials		
<input type="checkbox"/>	Inspection of Mastic & Intumescent Fire-Resistant Coatings		
<input type="checkbox"/>	Inspection of Exterior Insulation & Finish System (EIFS)		
<input type="checkbox"/>	Inspection of Smoke Control System		
<input type="checkbox"/>	Structural Observations		

**FINAL
REPORT**

Required Special Inspections or Observations:

- | | |
|--|---|
| <input type="checkbox"/> Inspection of Fabricators | <input type="checkbox"/> Inspection of Cast-in-Place Deep Foundations |
| <input type="checkbox"/> Inspection of Steel Construction | <input type="checkbox"/> Inspection of Helical Pile Foundations |
| <input type="checkbox"/> Inspection of Concrete Construction | <input type="checkbox"/> Inspection of Vertical Masonry Foundation Elements |
| <input type="checkbox"/> Inspection of Masonry Construction | <input type="checkbox"/> Inspection of Sprayed Fire-Resistant Materials |
| <input type="checkbox"/> Inspection of Wood Construction | <input type="checkbox"/> Inspection of Mastic and Intumescent Fire-Resistant Coatings |
| <input type="checkbox"/> Inspection of Soil Conditions | <input type="checkbox"/> Inspection of Exterior Insulation & Finish System (EIFS) |
| <input type="checkbox"/> Inspection of Driven Deep Foundations | <input type="checkbox"/> Inspection of Smoke Control System |
| <input type="checkbox"/> Structural Observations | |

I certify that I have reviewed the report on each of the inspections or observations checked above. These reports indicate that the covered work is in compliance with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code.

Signature of Design Professional in Responsible Charge:

Date signed (Day/Month/Year): ____ / ____ / ____

KEY for use in **CREDENTIALS** column:
(on pages 2, 3 and 4)

ACI	American Concrete Institute Certified Concrete Field Testing Technician
AWS	American Welding Society Certified Welding Inspector
ASNT	American Society of Non-Destructive Testing
AWCI	Association of Wall and Ceiling Industries
MCA	Model code agency (ICC, BOCA, SBCCI, ICBO) special inspection certification
PA	Professional Architect (currently licensed)
PE	Professional Engineer (currently licensed)
OTHER	Specialized training coursework or other basis for competency deemed acceptable