

# APPLICATION FOR SPECIAL INSPECTION

In accordance with Section 1704.3 and 1704.3.1 of the 2015 MBC, **the registered design professional responsible for the design of the building** is required to prepare a statement of special inspections which must be approved by the code official prior to the issuance of the building permit.

Architect/Engineer that prepared this form (type or print): \_\_\_\_\_

Signature of Architect/Engineer: \_\_\_\_\_ Date: \_\_\_\_\_

Address of the Building Site: \_\_\_\_\_

Name of Building: \_\_\_\_\_

Name of the person responsible for scheduling the special inspections: \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_

## **MATERIALS AND WORK SUBJECT TO SPECIAL INSPECTIONS:**

(CHECK THE ITEMS THAT APPLY TO THIS PROJECT)

- A) \_\_\_ **STEEL FABRICATION** (*if requesting an exemption, attach documentation supporting the request*)
- B) \_\_\_ **STEEL ERECTION** (*bolts, nuts, washers, material, welding, cutting, etc.*)
- C) \_\_\_ **MASONRY CONSTRUCTION** (*material, proportioning, mixing, consistency and application of mortar and grout, condition, size, location and spacing of reinforcement, cold and hot weather protection, etc.*)
- D) \_\_\_ **CONCRETE** (*material, condition, size, location and spacing of reinforcement, placement techniques, cold and/or hot weather protection, etc.*)
- E) \_\_\_ **PRECAST CONCRETE FABRICATION** (*if requesting an exemption, attach documentation supporting the request*)
- F) \_\_\_ **PRECAST CONCRETE ERECTION** (*compliance with the erection drawings, cutting and boring, etc.*)
- G) \_\_\_ **FABRICATED WOOD** (*trusses, I-joists, laminated beams, micro lams, etc.*)
- H) \_\_\_ **SOIL COMPACTION** (*usually required as a condition of approval of the soil report, done just prior to pouring footings*)
- I) \_\_\_ **EFIS** (*liquid applied weather resistant barriers and system installation*)
- J) \_\_\_ **OTHER:** \_\_\_\_\_

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**A: STEEL FABRICATION**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**B: STEEL ERECTION**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**C: MASONRY CONSTRUCTION**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**D: CAST IN PLACE CONCRETE**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**E: PRECAST CONCRETE FABRICATION**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**F: PRECAST CONCRETE ERECTION**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**G: FABRICATED WOOD**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**H: SOIL COMPACTION**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**I: EFIS:**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

IF THE SPECIAL INSPECTION FIRM HAS NOT BEEN PRE-APPROVED, ATTACH RESUME, CERTIFICATE, LICENSES, ETC.

**J: OTHER:**

NAME OF SPECIAL INSPECTIONS FIRM:

ADDRESS:

PHONE:

FAX:

WILL THE TESTING BE  CONTINUOUS OR  PERIODIC? IF PERIODIC, LIST WHEN TESTING WILL BE DONE. LIST THE TYPE

AND EXTENT OF EACH INSPECTION AND EACH TEST:

# NON-CONFLICT OF INTEREST STATEMENT

**THIS STATEMENT IS TO BE COMPLETED BY THE PERSON OR FIRM THAT WILL ACTUALLY BE CONDUCTING THE SPECIAL INSPECTIONS. EVERY SPECIAL INSPECTOR THAT IS REFERENCED IN THE PREVIOUS PAGES OF THIS APPLICATION MUST FILL OUT A SEPARATE NON-CONFLICT OF INTEREST STATEMENT.**

JOB SITE NAME: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_ DATE: February 6, 2018

**Check the categories of work on the above referenced project that you have agreed to inspect:**

\_\_\_\_\_ STEEL FABRICATION

\_\_\_\_\_ STEEL ERECTION

\_\_\_\_\_ MASONRY CONSTRUCTION

\_\_\_\_\_ CAST IN PLACE CONCRETE

\_\_\_\_\_ EFIS

\_\_\_\_\_ PRECAST CONCRETE FABRICATION

\_\_\_\_\_ PRECAST CONCRETE ERECTION

\_\_\_\_\_ FABRICATED WOOD

\_\_\_\_\_ SOIL COMPACTION

\_\_\_\_\_ OTHER

Are you or an immediate family member (spouse, child, parent, brother, sister) employed by, or have a financial interest in, or have any other relationship that could be perceived as a conflict of interest, with the contractors or fabricators company?

YES \_\_\_\_\_

NO \_\_\_\_\_

If you checked yes to the question asked above, provide an explanation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the statements made by me in this non-conflict of interest statement 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 revoking the approval of the application for special inspections and subsequent legal action.

\_\_\_\_\_ for \_\_\_\_\_  
(signature of special inspector) (name of special inspection firm)

**Notice to special inspectors:**

You are required to keep records of all inspections and to furnish a copy of such records to the Building Official upon request. All discrepancies shall be brought to the immediate attention of the contractor or fabricator for correction. If the discrepancies are not corrected within a reasonable time, the discrepancies shall be brought to the attention of the code official and to the registered design professional of record. A final summary report that indicates the scope of your inspections and that the work was completed in accordance with the approved plans, specifications and the applicable standards shall be submitted to the Building Official prior to the issuance of the Certificate of Occupancy.