

<b>CITY OF PRESCOTT</b> (928)777-1356	<b>TOWN OF PRESCOTT VALLEY</b> (928)759-3050	<b>TOWN OF DEWEY HUMBOLDT</b> (928)632-7362	<b>TOWN OF CHINO VALLEY</b> (928)636-4427	<b>YAVAPAI COUNTY</b> (928)771-3193
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# SPECIAL STRUCTURAL INSPECTIONS CERTIFICATE

TO BE COMPLETED BY ENGINEER / ARCHITECT RESPONSIBLE FOR SPECIAL INSPECTIONS			
PERMIT #:	PROJECT NAME:	PROJECT ADDRESS:	
PARCEL #:			
PROJECT OWNER / OWNERS 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 2003 International Building Codes section 106.3.4.1 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).		

**TYPES OF INSPECTIONS REQUIRED:** (Check each type of inspection required by architect/engineer of record)  
**FOOTNOTES:** <sup>1</sup> EXTENT OF WORK INSPECTED; CONTINUOUS OR PERIODIC, FREQUENCY

- 1. CONCRETE and BOLTS INSTALLED IN CONCRETE :**  
Inspection Scope & schedule<sup>1</sup> \_\_\_\_\_  
Frequency of Sampling Materials \_\_\_\_\_  
Frequency of Testing \_\_\_\_\_
- 2. REINFORCING STEEL AND PRE-STRESSED STEEL TENDONS:**  
Inspection Scope & schedule<sup>1</sup> \_\_\_\_\_  
Method of testing \_\_\_\_\_
- 3. STRUCTURAL STEEL: RESISTING STEEL FRAMES, REINFORCING STEEL AND HIGH-STRENGTH BOLTING:**  
Inspection Scope & schedule<sup>1</sup> \_\_\_\_\_  
Types of non-destructive testing \_\_\_\_\_  
Frequency of Testing \_\_\_\_\_
- 4. STRUCTURAL MASONRY:**  
Inspection Scope & schedule<sup>1</sup> \_\_\_\_\_  
Frequency of Sampling Materials \_\_\_\_\_  
Frequency of Testing \_\_\_\_\_
- 5. SPRAYED ON FIREPROOFING:**  
Inspection Scope & schedule<sup>1</sup> \_\_\_\_\_  
Method of inspection \_\_\_\_\_  
Frequency of Sampling Materials \_\_\_\_\_  
Frequency of Testing \_\_\_\_\_

**6. SPECIAL GRADING, EXCAVATION, FILLING, PILING, DRILLED PIERS AND CAISSONS:**

Inspection Scope & schedule<sup>1</sup> \_\_\_\_\_

Method of Testing Soil Density \_\_\_\_\_

**7. SPECIAL CASES:**

Inspection Scope & schedule<sup>1</sup> \_\_\_\_\_

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 shown 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.