



# SPECIAL INSPECTOR QUALIFICATION APPLICATION

**Community Development Department**  
**Building & Safety Division**

Job Site Address: \_\_\_\_\_

Permit Number: \_\_\_\_\_

**INSPECTOR CONTACT INFORMATION**

Applicant's Name:		
Address:		
City:	State:	Zip:
Daytime Telephone:	Cell Phone:	
email:		

**EMPLOYER CONTACT INFORMATION**

Applicant's Employer:		
Address:		
City:	State:	Zip:
Telephone:		

**INSPECTOR QUALIFICATIONS / CERTIFICATIONS / REGISTRATIONS**

Specialty	Certificate No.	Expiration Date
1.		
2.		
3.		
4.		
5.		

PLEASE ATTACH PHOTO COPIES OF YOUR YOUR DRIVER'S LICENSE, AND QUALIFYING CERTIFICATES AND REGISTRATIONS. (The specialties and expiration dates must be clearly indicated on the documents.)

- |  |   |
|--|---|
| <input type="checkbox"/> Concrete<br><input type="checkbox"/> Bolts Installed in Concrete<br><input type="checkbox"/> Insulating Concrete Fill<br><input type="checkbox"/> Reinforced Gypsum Concrete<br><input type="checkbox"/> Special Moment-Resisting Concrete Frame<br><input type="checkbox"/> High-Strength Bolting<br><input type="checkbox"/> Welding<br><input type="checkbox"/> Structural Masonry | <input type="checkbox"/> Piling, Piers, and Caissons<br><input type="checkbox"/> Reinforcing Steel and Pre-Stressing Steel Tendons<br><input type="checkbox"/> Shotcrete<br><input type="checkbox"/> Grading, Excavation, and Filling<br><input type="checkbox"/> Spray-Applied Fireproofing<br><input type="checkbox"/> Smoke-Control systems<br><input type="checkbox"/> Special/Other Cases: _____ |
|--|---|

I certify that all statements on this form and on any attachments are true and complete to the best of my knowledge and belief. I understand that any falsification of the informatin on this form and attachments may be considered grounds for immediate disqualification. I declare this statement to be true and correct under penalty of periurv.

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Approved By) \_\_\_\_\_ (Date)



COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING & SAFETY DIVISION  
8353 SIERRA AVE, FONTANA, CA 92335  
(909) 350-7640

# DUTIES AND RESPONSIBILITIES OF THE SPECIAL INSPECTOR

1. The Special Inspector must call into the Building & Safety Division 24 hours prior to arriving at the job location (909) 350-7640. Waiver of this requirement is subject to the approval of the Building Official.
2. The Special Inspector shall observe the work assigned to be certain it conforms to the **City Approved Plans**. The approved plans shall be available when work is in progress. The Special Inspector shall not accept any deviation from approved plans unless the revision has been approved by the Building & Safety Division.
3. The Special Inspector shall furnish inspection reports on approved report forms to the Building & Safety Division, the Engineer or Architect of Record, and other designated persons in a timely manner. **All discrepancies** shall be brought to the immediate attention of the contractor for correction, then, if uncorrected, to the proper design authority and to the Building & Safety Division.
4. Notify the Building & Safety Division, if any emergency arises and you are to be absent from the job while work is in progress, and then notify the person in responsible charge of work. Work requiring a Special Inspector must be stopped unless the owner has obtained an approved substitute Inspector, approved by the Building & Safety Division.
5. The Special Inspector shall submit a Final Report to the Building & Safety Division, stating whether the work requiring special inspection was to the best of their knowledge, in conformance with the approved plans and specifications and the applicable workmanship provision of this code.
6. Your presence on the job does not excuse the project from the other formal inspection made by the regular inspection force of the City. Concrete shall not be placed on any job until approval to do so has been granted by the City Building Inspector.

In clarifying the role of the Special Inspector, it is important to remember that the inspections you will perform are required **in addition to** the inspections performed by the City Building Inspectors. Therefore, you are **not** authorized to assume the role or responsibility of the City Building Inspectors; rather, you should work closely and in harmony with them.

If you have any questions regarding the performance of duties and responsibilities, please contact the Building & Safety Division at (909) 350-7640.



# SPECIAL INSPECTOR'S CERTIFICATION OF COMPLIANCE

COMMUNITY DEVELOPMENT DEPARTMENT  
BUILDING & SAFETY DIVISION  
8353 SIERRA AVE, FONTANA, CA 92335  
(909) 350-7640

(Final Report)

Permit Number: \_\_\_\_\_ City Inspector Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

To The Building Official:

I hereby certify that the following portions of the work at the above address which required special inspection, and which I was employed to inspect, were inspected by me and comply with the provisions of the Building Code applicable thereto, and in accordance with the approved plans, specifications, and the applicable workmanship provisions of the California Building Code.

### TYPE OF INSPECTION:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Slump/cylinders             | <input type="checkbox"/> Rebar Placement                 | <input type="checkbox"/> Tendon Placement |
| <input type="checkbox"/> Welding/Structural Steel    | <input type="checkbox"/> Concrete Placement              | <input type="checkbox"/> Shot Crete       |
| <input type="checkbox"/> High-Strength Bolts         | <input type="checkbox"/> Precast/Post Tensioned Concrete | <input type="checkbox"/> Masonry          |
| <input type="checkbox"/> Spray-Applied/Fire Proofing | <input type="checkbox"/> Nondestructive Testing (NDT)    | <input type="checkbox"/> Other            |

Offsite Fabricator (if any): \_\_\_\_\_

Description and location of work completed:

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

I had sufficient time to inspect all materials used and placed. I was not employed by the contractor, subcontractor or material vendor.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_