SPECIAL INSPECTION REPORT FORM
(post with job card within 5 days of completion)

REPORT NO: ______

BUILDING PERMIT NUMBER ___________________________ DATE __________

BUILDING ADDRESS ____________________________________________

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 Kern County Code of Building Regulations applicable thereto, and is in accordance with the approved plans:

Type of Inspection:  ____ Continuous
                  ____ Periodic (Describe) ______________________________________

____ Concrete ____ Bolts in concrete                 ____ Shotcrete/Gunite
____ Rebar       ____ Tendons                        ____ High Strength Bolts
____ Welding     ____ Masonry                        ____ Spray Applied Fire Proofing
____ Piling/Drilled Piers  ____ Grading      ____ Wood – High-Load Diaphragms
____ Smoke Control  ____ Storage Racks            ____ Structural Wood
____ Arch Components  ____ Mech/Elect Components  ____ Wood Trusses
____ Fire-resistant penetrations and joints       ____ Other ____________________

____ Foundations  ____ Walls  ____ Frames  ____ Connections

Description and location of work completed (be specific):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Inspection Date: _______________     Time Arrived: _______________     Time Left Job: _______________

I have been approved by the Kern County Building Official and am qualified to perform the special inspections.
I was not employed by the contractor or any person responsible for the work. My field report is attached.

(Printed Name) ___________________________ (Certification Number) ___________________________

(Signature) ___________________________ (Employer/Lab) ___________________________