

**CRAIG M. POPE, P.E., DIRECTOR**  
 ADMINISTRATION & HUMAN RESOURCES  
 FINANCE & ENGINEERING  
 BUILDING & CODE  
 OPERATIONS



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**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) \_\_\_\_\_

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Concrete                               | <input type="checkbox"/> Bolts in concrete     | <input type="checkbox"/> Shotcrete/Gunite            |
| <input type="checkbox"/> Rebar                                  | <input type="checkbox"/> Tendons               | <input type="checkbox"/> High Strength Bolts         |
| <input type="checkbox"/> Welding                                | <input type="checkbox"/> Masonry               | <input type="checkbox"/> Spray Applied Fire Proofing |
| <input type="checkbox"/> Piling/Drilled Piers                   | <input type="checkbox"/> Grading               | <input type="checkbox"/> Wood – High-Load Diaphragms |
| <input type="checkbox"/> Smoke Control                          | <input type="checkbox"/> Storage Racks         | <input type="checkbox"/> Structural Wood             |
| <input type="checkbox"/> Arch Components                        | <input type="checkbox"/> Mech/Elect Components | <input type="checkbox"/> Wood Trusses                |
| <input type="checkbox"/> Fire-resistant penetrations and joints |  | <input type="checkbox"/> 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)