

---

# SPECIAL INSPECTION AND TESTING AGREEMENT

Firebaugh, Community Development Department  
Building Division  
1133 P Street  
Firebaugh, CA 93622  
(559) 659-5900

**BEFORE A PERMIT CAN BE ISSUED:** The owner or owner's agent, the engineer or architect of record, and the Special Inspector shall complete two (2) copies of the attached Special Inspection and Testing Schedule including the requirement acknowledgments to the Building Division for review and approval. It is recommended that the contractor also sign the form if one has been selected for the project. A pre-construction conference with the parties involved may be required to review the special inspection requirements and procedures.

**APPROVAL OF SPECIAL INSPECTORS:** Each special inspector shall be approved by the Building Division, prior to performing any duties. Any special inspector from one of the special inspection agencies included on the attached **Special Inspection Agency Recognition List** may be approved by the Building Official to perform the type of special inspection indicated. Other special inspectors may be approved to perform special inspection on the subject project provided they provide their qualifications to the Building Official for evaluation. The evaluation process may also require a personal interview between the prospective special inspector and the Building Official. Approved special inspectors shall display approved identification, as stipulated by the Building Division, when performing the function of a special inspector.

Special inspection and testing shall meet the minimum requirements of CBC Section 1701. The following conditions are also applicable:

A. **Duties and Responsibilities of the Special Inspector**

**Observe Work** The special inspector shall observe the work for conformance with the Building Division approved (stamped) design drawings and specifications and applicable workmanship provisions of the CBC. Architect/Engineer-reviewed shop drawings may be used only as an aid to inspection.

Special inspections are to be performed on a continuous basis, meaning that the special inspector is on site in the general area at all times observing the work requiring special inspection. Periodic inspections, if any, must have prior approval by the Building Official based on a separate written plan reviewed and approved by the Building Official and the project engineer or architect.

B. **Report Nonconforming Items.** The special inspector shall bring nonconforming items to the immediate attention of the contractor and note all such items in the daily report. If any item is not resolved in a timely manner or is about to be incorporated in the work, the special inspector shall immediately notify the Building Official by telephone or in person, notify the engineer or architect, and post a discrepancy notice.

C. **Furnish Daily Reports.** On request, each special inspector shall complete and sign both the special inspection record and the daily report form for each day's inspections. These records shall remain at the jobsite with the contractor for review by the Building Inspector.

D. **Furnish Weekly Reports.** The special inspector or inspection agency shall furnish weekly reports of tests and inspections directly to the Building Official, project engineer or architect, and others as designated. These reports must include the following:

- a. Description of daily inspections and tests made with applicable locations;
- b. Listing of all nonconforming items;
- c. Report on how nonconforming items were resolved or unresolved as applicable; and
- d. Itemized changes authorized by the architect, engineer and Building Division if not included in non-conformance items.

E. **Furnish Final Report.** The special inspector or inspection agency shall submit a final signed report to the Building Official stating that all items requiring special inspection and testing were fulfilled and reported and, to the best of his/her knowledge, in conformance with the approved design drawings, specifications, approved change orders and the applicable workmanship provisions of the CBC. Items not in conformance, unresolved items or any discrepancies in inspection coverage (i.e., missed inspections, periodic inspections when continuous was required, etc.) shall be specifically itemized in this report.

B. **Contractor Responsibilities**

1. **Notify the Special Inspector.** The contractor is responsible for notifying the special inspector or agency regarding individual inspections for items listed on the attached schedule and as noted on the Building Division approved plan. Adequate notice shall be provided so that the special inspector has time to become familiar with the project.

2. **Provide Access to Approved Plans.** The contractor is responsible for providing the special inspector access to approved plans at the jobsite.

3. **Retain Special Inspection Records.** The contractor is also responsible for retaining at the jobsite all special inspection records submitted by the special inspector, and providing these records for review by the Building Division inspector upon request.

C. **Building Division Responsibilities**

1. **Approve Special Inspection.** The Building Official shall approve all special inspectors and special inspection requirements.

2. **Monitor Special Inspection.** Work requiring special inspection and the performance of special inspectors shall be monitored by the Building Inspection Division. His/her approval must be obtained prior to placement of concrete or other similar activities in addition to that of the special inspector.

3. **Issue Certificate of Occupancy.** The Building Division may issue a Certificate of Occupancy after all special inspection reports and the final report have been submitted and accepted.

**SPECIAL INSPECTION AND TESTING SCHEDULE**

Firebaugh, Community Development Department  
 Building Division  
 1133 P Street  
 Firebaugh, CA 93622  
 (559) 659-5900

|                                     |                              |               |            |
|-------------------------------------|------------------------------|---------------|------------|
| <b>JOB ADDRESS</b>                  | <b>PERMIT #:</b>             | <b>LOT(S)</b> | <b>BLK</b> |
|                                     | <b>SUB'D</b>                 | <b>APN</b>    |            |
| Owner.....                          | Contractor .....             |               |            |
| Addr/City/St.....                   | Addr/City/St.....            |               |            |
| Zip..... Daytime Phone .....        | Zip..... Daytime Phone ..... |               |            |
| Petitioner (Form Completed By)..... | Engineer/Architect.....      |               |            |
| Addr/City/St.....                   | Addr/City/St.....            |               |            |
| Zip..... Daytime Phone .....        | Zip..... Daytime Phone ..... |               |            |

**PROJECT DESCRIPTION:**

|                                                        |            |                                  |
|--------------------------------------------------------|------------|----------------------------------|
| <b>TESTING/INSPECTION AGENCY OR SPECIAL INSPECTOR:</b> | Name ..... | Telephone .....                  |
|                                                        | Addr ..... | City ..... State ..... Zip ..... |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |          |          |                         |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|----------|-------------------------|--|-------|-------|-------|-------|-----------------|-------|-------|-------|-------|-------------------|-------|-------|-------|-------|-------------|-------|-------|-------|-------|-----------------------|-------|-------|-------|-------|------------------------|-------|-------|-------|-------|-----------------|-------|-------|-------|-------|--------------|-------|-------|-------|-------|-------------------|-------|-----------|----------|----------|--|-------|-------|-------|-------|-----------------|-------|-------|-------|-------|-------------------|-------|-------|-------|-------|----------------------|-------|-------|-------|-------|--------------|-------|-------|-------|-------|-------------|-------|-------|-------|-------|-----------------------|-------|-------|-------|-------|------------------|-------|-------|-------|-------|-------------------|-------|-------|-------|-------|--------------------|-------|-------|-------|-------|-------------------------|-------|-------|-------|-------|--------------|-------|-------|-------|-------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <p><b>REINFORCED CONCRETE, GUNITE, GROUT AND MORTAR:</b></p> <table> <tr> <td>Concrete</td> <td>Gunite</td> <td>Grout</td> <td>Mortar</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Aggregate Tests</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Reinforcing Tests</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Mix Designs</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Reinforcing Placement</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Batch Plant Inspection</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Inspect Placing</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Cast Samples</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Compression Tests</td> </tr> </table> <p><b>PRECAST/PRESTRESSED CONCRETE:</b></p> <table> <tr> <td>Piles</td> <td>Post-Tens</td> <td>Pre-Tens</td> <td>Cladding</td> <td></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Aggregate Tests</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Reinforcing Tests</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Placement Inspection</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Tendon Tests</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Mix Designs</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Reinforcing Placement</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Insert Placement</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Concrete Batching</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Concrete Placement</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Installation Inspection</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Cast Samples</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>Compression Tests</td> </tr> </table> <p><b>STRUCTURAL MASONRY:</b></p> <p>_____ Special Inspection Stresses Used<br/>         _____ Preliminary Acceptance Tests (Masonry Units, Wall Prisms)<br/>         _____ Subsequent Tests (Mortar, Grout, Field Wall Prisms)<br/>         _____ Placement Inspection of Units</p> | Concrete  | Gunite   | Grout    | Mortar                  |  | _____ | _____ | _____ | _____ | Aggregate Tests | _____ | _____ | _____ | _____ | Reinforcing Tests | _____ | _____ | _____ | _____ | Mix Designs | _____ | _____ | _____ | _____ | Reinforcing Placement | _____ | _____ | _____ | _____ | Batch Plant Inspection | _____ | _____ | _____ | _____ | Inspect Placing | _____ | _____ | _____ | _____ | Cast Samples | _____ | _____ | _____ | _____ | Compression Tests | Piles | Post-Tens | Pre-Tens | Cladding |  | _____ | _____ | _____ | _____ | Aggregate Tests | _____ | _____ | _____ | _____ | Reinforcing Tests | _____ | _____ | _____ | _____ | Placement Inspection | _____ | _____ | _____ | _____ | Tendon Tests | _____ | _____ | _____ | _____ | Mix Designs | _____ | _____ | _____ | _____ | Reinforcing Placement | _____ | _____ | _____ | _____ | Insert Placement | _____ | _____ | _____ | _____ | Concrete Batching | _____ | _____ | _____ | _____ | Concrete Placement | _____ | _____ | _____ | _____ | Installation Inspection | _____ | _____ | _____ | _____ | Cast Samples | _____ | _____ | _____ | _____ | Compression Tests | <p><b>STRUCTURAL STEEL/WELDING:</b></p> <p>_____ Sample and Test (list specific members below)<br/>         _____ Shop Material Identification<br/>         _____ Welding Inspection _____ Shop _____ Field<br/>         _____ Ultrasonic Inspection _____ Shop _____ Field<br/>         _____ High-Strength Bolting Inspection _____ Shop _____ Field</p> <p><input type="checkbox"/> A325 <input type="checkbox"/> A490 <input type="checkbox"/> N <input type="checkbox"/> X <input type="checkbox"/> F</p> <p>_____ Metal Deck Welding Inspection<br/>         _____ Reinforcing Steel Welding Inspection<br/>         _____ Metal Stud Welding Inspection<br/>         _____ Concrete Inset Welding Inspection</p> <p><b>INSULATING CONCRETE:</b></p> <p>_____ Sample and Test<br/>         _____ Placement Inspection<br/>         _____ Unit Weights</p> <p><b>FILL MATERIAL:</b></p> <p>_____ Acceptance Tests<br/>         _____ Placement Inspection<br/>         _____ Field Density</p> <p><b>PILE DRIVING:</b></p> <p>_____ Placement Inspection</p> | <p style="text-align: center;">Engineer's/Architect's Seal<br/>&amp; Signature Here</p> |
| Concrete                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Gunite    | Grout    | Mortar   |                         |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Aggregate Tests         |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Reinforcing Tests       |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Mix Designs             |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Reinforcing Placement   |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Batch Plant Inspection  |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Inspect Placing         |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Cast Samples            |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Compression Tests       |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| Piles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Post-Tens | Pre-Tens | Cladding |                         |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Aggregate Tests         |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Reinforcing Tests       |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Placement Inspection    |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Tendon Tests            |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Mix Designs             |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Reinforcing Placement   |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Insert Placement        |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Concrete Batching       |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Concrete Placement      |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Installation Inspection |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Cast Samples            |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____     | _____    | _____    | Compression Tests       |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| <p><b>STRUCTURAL WOOD:</b></p> <p>_____ Shear Wall Nailing Inspection<br/>         _____ Inspection of Glulam Fab.<br/>         _____ Sample and Test Components</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |          |          |                         |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |
| <p><b>ADDITIONAL INSTRUCTIONS OR OTHER TESTS AND INSPECTIONS:</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |          |          |                         |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                        |       |       |       |       |                 |       |       |       |       |              |       |       |       |       |                   |       |           |          |          |  |       |       |       |       |                 |       |       |       |       |                   |       |       |       |       |                      |       |       |       |       |              |       |       |       |       |             |       |       |       |       |                       |       |       |       |       |                  |       |       |       |       |                   |       |       |       |       |                    |       |       |       |       |                         |       |       |       |       |              |       |       |       |       |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                         |

*I have read and agree to comply with the terms and conditions of this agreement.*

|                                                                               |                               |            |
|-------------------------------------------------------------------------------|-------------------------------|------------|
| Owner:                                                                        | Signature:.....               | Date:..... |
| Petitioner (Form completed by):                                               | Signature:..... Title: .....  | Date:..... |
| Contractor:                                                                   | Signature:..... Class: .....  | Date:..... |
| Project <input type="checkbox"/> Engineer <input type="checkbox"/> Architect: | Signature:..... Lic. #: ..... | Date:..... |
| Special Inspector or Inspection Agency:                                       | Signature:.....               | Date:..... |