



Building and Safety

# Application for Special Inspector

FOR OFFICE USE ONLY

DATE \_\_\_\_\_

AMOUNT PAID \_\_\_\_\_

NEW  RENEWAL  ADD-ON

PERMIT # \_\_\_\_\_

## SPECIAL INSPECTOR

NAME

ADDRESS

PHONE

CITY

STATE

ZIP

EMAIL

TYPE OF CERTIFICATION REQUIRED

- EPOXY  MASONRY  PRESTRESSED CONCRETE  STRUCTURAL STEEL & BOLTING  
 CONCRETE (Testing only)  HIGH LOAD DIAPHRAGM/  REINFORCED CONCRETE  STRUCTURAL WELDING  
 FIREPROOFING  SHEAR WALL  
 OTHER (AS AUTHORIZED BY CBO) \_\_\_\_\_

QUALIFICATIONS (Provide copies of qualifying documentation)

## AFFIDAVIT

I HAVE READ AND UNDERSTAND THE SPECIAL INSPECTION GUIDELINES. I AGREE TO ABIDE BY THE MINIMUM RULES STATED THEREIN AND PRESCRIBED PROCEDURES.

I DECLARE THIS STATEMENT TO BE TRUE AND CORRECT UNDER PENALTY OF PERJURY.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CITY BUSINESS REGISTRATON NO. (if known)

\_\_\_\_\_  
PRINT NAME

FOR OFFICE USE ONLY

APPROVED  DENIED

REASON FOR DENIAL

BY: \_\_\_\_\_ Date: \_\_\_\_\_

BUILDING OFFICIAL

**EDUCATION**

| SCHOOL OR COLLEGE | COURSE OF STUDY | UNITS EARNED | YEAR |
|-------------------|-----------------|--------------|------|
|                   |                 |              |      |
|                   |                 |              |      |
|                   |                 |              |      |
|                   |                 |              |      |

HIGHEST GRADE COMPLETED \_\_\_\_\_ YEAR \_\_\_\_\_

**EXPERIENCE**

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**ICC CERTIFICATION HISTORY (LIST BELOW AND ENCLOSE COPIES)**

| DISCIPLINE | EXPIRATION DATE | YEAR FIRST ISSUED | CERT NO. | LAST PROCTORED EXAM DATE |
|------------|-----------------|-------------------|----------|--------------------------|
|            |                 |                   |          |                          |
|            |                 |                   |          |                          |
|            |                 |                   |          |                          |
|            |                 |                   |          |                          |
|            |                 |                   |          |                          |

List below your employers beginning with most current. Be sure to provide addresses and phone numbers.

| DATES EMPLOYED | NAMES AND ADDRESSES OF EMPLOYERS | POSITIONS/DUTIES   |
|----------------|----------------------------------|--|
| FROM           | EMPLOYER                         | OKAY TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| TO             | ADDRESS & ZIP TELEPHONE          |  |
| FROM           | EMPLOYER                         | OKAY TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| TO             | ADDRESS & ZIP TELEPHONE          |  |
| FROM           | EMPLOYER                         | OKAY TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| TO             | ADDRESS & ZIP TELEPHONE          |  |
| FROM           | EMPLOYER                         | OKAY TO CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO |
| TO             | ADDRESS & ZIP TELEPHONE          |  |