

SPECIAL INSPECTION DAILY REPORT

City/County of _____ Permit No.: _____ Date : _____

Project Name/Address: _____

Inspection Type(s)/Coverage: _____

Continuous Periodic; frequency: _____

Inspections made, including locations: _____

Tests performed: _____

Items requiring 1) Correction, 2) Correction of previously listed items and 3) Previously listed uncorrected items: _____

Changes to approved plans authorized by registered design professional in responsible charge: _____

Comments: _____

To the best of my knowledge, work inspected was in accordance with the building department approved plans, specifications and applicable workmanship provisions of the IBC except as noted above.

Signed: _____

Inspection Agency: _____

Print full name: _____

ID Number: _____