EXHIBIT B

SPECIAL INSPECTION DEFICIENCY NOTICE

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

Project Name/Address: _____

Inspection Type(s)/Coverage: _____

_____

☐ Continuous ☐ Periodic; frequency: _____

Notice delivered to: ☐ Contractor ☐ Engineer/Architect ☐ Building Department

The following discrepancies require correction and inspection approval prior to proceeding with this phase of the work:

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SAMPLE

Signed: _____ Inspection Agency: _____

Print full name: _____ ID Number: _____