

(CONTINUED FROM PREVIOUS PAGE)

VERIFICATION AND INSPECTION ITEM		REQUIRED	CONTINUOUS	PERIODIC
Masonry:	Structural Walls (1704.11 and 2104)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1704.5, and Tables 1704.5.1 and 1704.5.3)	Retaining Walls (1704.11 and 1807)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Existing Site Soil Conditions, Fill Placement, Load Bearing Requirements (1704.7, 1803, and 1804, and Table 1704.7)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driven deep/Cast-in-place deep/Helical pile/Vertical masonry foundations (1704.8, 1704.9, and 1704.10, 1704.11, and Tables 1704.8 and 1704.9)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation and Filling (1704.7, 1804, 1805, and 3304)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spray Fire-Resistant Materials, Mastic & Intumescent Coatings (1704.12, 1704.13)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Insulation and Finish Systems (EIFS) (1704.14)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Cases (Attach separate sheet, if necessary) (1704.15)				
	Underpinning (See Appendix B of Special Inspections Program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Demolition (3303 as amended, 1704.15 as amended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Control Systems (1704.16, 909, 909.18.8 and 909.19)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seismic Resistance (1707, and 1705.3.1 through 1705.3.6 inclusive)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the project includes construction activities that require special inspections which are **not** specifically listed above, please add the special inspection item (per special inspection tables listed in Chapter 17, or as required by the design professional of record), the applicable code reference, and whether inspections are to be continuous or periodic, on the lines below.

Table _____	Inspection Item _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table _____	Inspection Item _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table _____	Inspection Item _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table _____	Inspection Item _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table _____	Inspection Item _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Table _____	Inspection Item _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESIGN PROFESSIONAL IN RESPONSIBLE CHARGE OF SPECIAL INSPECTIONS (DPRC-SI)

By affixing professional seal below, the DPRC-SI confirms that he/she has consulted with the appropriate design professional(s) of record to determine the construction activities covered by the subject permit that require special inspections in accordance with 2009 IBC Chapter 17. (For other Duties and Responsibilities of the DPRC-SI, refer to the Duties and Responsibilities Agreement.)

Affix seal in space below.

Professional Engineer

Registered Architect

Name: (Print) _____ Phone #: _____

Address: _____

E-Mail Address: _____ City _____ State _____ Fax #: _____ ZIP _____