



City of El Cajon
Building Safety Division
200 Civic Center Way
El Cajon, CA 92020
619-441-1726

SPECIAL INSPECTION PROGRAM

Job Address/Project Name: _____

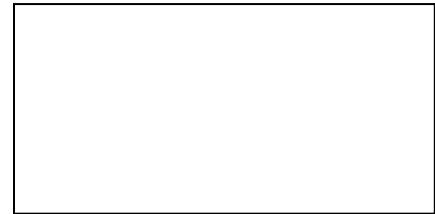
Permit Number: _____ OWNER'S NAME: _____

I, as the owner, or agent of the owner (**contractors may not employ the special inspector**), certify that I, or the architect/engineer of record, will be responsible for employing the special inspector(s) as required by the California Building Code Chapter 17 for the construction project located at the site listed above.

Signed _____

I, as the engineer/architect or record, certify that I have prepared the following special inspection program as required by CBC Chapter 17 as applicable for the construction project located at the site listed above.

Signed _____



Engineer/Architect's seal and signature here

1. List of work requiring special inspection:

- | | |
|--|--|
| <input type="checkbox"/> Soils compliance before foundation inspection | <input type="checkbox"/> Field welding |
| <input type="checkbox"/> Structural Concrete over 2500 PSI | <input type="checkbox"/> High strength bolting |
| <input type="checkbox"/> Pre-stressed concrete | <input type="checkbox"/> Expansion/epoxy anchors |
| <input type="checkbox"/> Structural masonry | <input type="checkbox"/> Sprayed on fireproofing |
| <input type="checkbox"/> Wood Construction | <input type="checkbox"/> Designer specified Mastic and |
| <input type="checkbox"/> Intumescent Fire Resistant Coatings | <input type="checkbox"/> Other _____ |

2. Name(s) of Special Inspector(s) and firm(s) responsible for the special inspections listed above:

Name: _____ Firm: _____

Name: _____ Firm: _____

Acknowledgment: I agree to conform to all the requirements of applicable codes and standards and the procedures for special inspection of the City of El Cajon.

Signature: (Under penalty of perjury) _____

Note- Special inspectors shall check in with the City and present their credentials for approval before beginning work on the job site.