STATEMENT OF SPECIAL INSPECTIONS
FINAL REPORT OF SPECIAL INSPECTIONS

DATE: ____________

PROJECT TITLE: ______________________________________________________

PROJECT ADDRESS: ______________________________________________________

BUILDING PERMIT #: ___________________________________________________

ARCHITECT of RECORD: _________________________________________________

STRUCTURAL ENGINEER of RECORD: _______________________________________

SPECIAL INSPECTOR (COORDINATOR): _____________________________________

REGISTERED DESIGN PROFESSIONAL in RESPONSIBLE CHARGE: ___________

To the best of my information, knowledge and belief, the Special Inspections required for this project, and itemized in the Statement of Special Inspections submitted for permit, have been performed and all discovered discrepancies have been reported and resolved other than the following:

Comments:

(Attach continuation sheets if required to complete the description of corrections.)

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Registered Design Professional in Responsible Charge

(Type or print name)

Signature Date  

Licensed Professional Seal

Form adapted from CASE form 102 with permission  
Revised 12/2014
Agent’s Final Report

Project:

Agent:
Special Inspector:

To the best of my information, knowledge and belief, the Special Inspections or testing required for this project, and designated for this Agent in the Statement of Special Inspections submitted for permit, have been performed and all discovered discrepancies have been reported and resolved other than the following:

Comments:

(Attach continuation sheets if required to complete the description of corrections.)

Interim reports submitted prior to this final report form a basis for and are to be considered an integral part of this final report.

Respectfully submitted,
Agent of the Special Inspector/ Special Inspector

(Type or print name)

Signature ___________________________ Date ___________

Licensed Professional Seal or Certification