



City of San Juan Capistrano
Building Department
32400 Paseo Adelanto
San Juan Capistrano CA 92675
949-443-6347
www.SanJuanCapistrano.org

Special Inspector Application

Project Address:

Permit Number:

Special Inspector's Name:

Phone Number:

Business License:

E-mail Address:

Home Address:

Inspection Qualifications applying for (Certification Attached):

<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Pre-Stressed Concrete	<input type="checkbox"/> Pile Driving
<input type="checkbox"/> Structural Masonry	<input type="checkbox"/> Structural Steel and Welding	<input type="checkbox"/> Spray-Applied Fire Proofing
<input type="checkbox"/> Structural Wood	<input type="checkbox"/> Exterior Insulations Finish Systems	<input type="checkbox"/> Other:

I hereby certify that all of the information I have given herein and any documents attached hereto are true and complete to the best of my knowledge. I understand that any false statement will subject me to disqualification. I certify that I am qualified by training and experience to perform the inspections for which I hold the above/attached Special Inspection Licenses. I will certify not only the job conditions, but that they are in conformance with the approved plans. If at any time, progress occurs on the above mentioned job relating to my area(s) of responsibility, without my knowledge or approval, I will immediately notify in writing the job superintendent and the Building Department. A record of my test and/or inspections as agreed to above will be provided to the Building Department. I will submit final signed report stating whether the work requiring special inspection was in conformance with the approved plans and specifications and the current building code.

Signature and date

Special Inspector's will provide a copy of their identification

Fee per permit a Special Inspector is assigned to will be 5% of the Building Permit Fee **01-00000-44221-00000-000**