COMMUNITY DEVELOPMENT
Building and Safety

Print Form

APPLICATION FOR SPECIAL INSPECTOR

FOR OFFICE USE ONLY

DATE _____ AMOUNT PAID _____

☐ NEW ☐ RENEWAL ☐ ADD-ON INSPECTOR # _____

SPECIAL INSPECTOR

NAME

ADDRESS | PHONE

CITY | STATE | ZIP | EMAIL (For annual renewal notice only)

TYPE OF CERTIFICATION REQUIRED (Check all that apply; $20 for each certification)

☐ ASPHALT ☐ FIREPROOFING ☐ PRESTRESSED CONCRETE ☐ STRUCTURAL STEEL/WELDING

☐ CONCRETE (Testing only) ☐ MASONRY ☐ REINFORCED CONCRETE ☐ _____

QUALIFICATIONS (Provide copies of qualifying documentation)

AFFIDAVIT

I HAVE READ AND UNDERSTAND THE SPECIAL INSPECTION MANUAL PUBLISHED BY THE CITY OF IRVINE. I AGREE TO ABIDE BY THE MINIMUM RULES STATED THEREIN AND PRESCRIBED PROCEDURES.

I DECLARE THIS STATEMENT TO BE TRUE AND CORRECT UNDER PENALTY OF PERJURY.

_____ _____

SIGNATURE CITY LICENSE NUMBER (If known)

_____

PRINT NAME

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☐ **APPROVED** ☐ **DENIED**

BY _____

INSPECTION SUPERVISOR

REASON FOR DENIAL