COMMUNITY DEVELOPMENT
Building and Safety

# 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 |
| | | | |

TYPE OF CERTIFICATION REQUIRED (Check all that apply; $48.01 for each certification)

- ☐ ASPHALT**
- ☐ CONCRETE (Testing only)
- ☐ FIREPROOFING
- ☐ MASONRY
- ☐ HIGH LOAD DIAPHRAGM/ SHEAR WALL*
- ☐ PRESTRESSED CONCRETE
- ☐ REINFORCED CONCRETE
- ☐ STRUCTURAL STEEL & BOLTING
- ☐ STRUCTURAL WELDING

**NOTE:**
*Requires pre-qualification by an Inspections Supervisor. Contact Ismael Gallegos for additional information.
**Requires pre-qualification by an Inspections Supervisor. Contact Gary Scott for additional information.

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

FOR OFFICE USE ONLY

☐ **APPROVED** ☐ **DENIED**

BY: _____
INSPECTION SUPERVISOR

REASON FOR DENIAL