



APPLICATION FOR SPECIAL INSPECTOR

FOR OFFICE USE ONLY		DATE _____	AMOUNT PAID _____
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> ADD-ON	INSPECTOR # _____

SPECIAL INSPECTOR

NAME _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

TYPE OF CERTIFICATION REQUIRED (Check all that apply; \$27.83 for each certification)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> ASPHALT** | <input type="checkbox"/> MASONRY | <input type="checkbox"/> PRESTRESSED CONCRETE | <input type="checkbox"/> STRUCTURAL STEEL & BOLTING |
| <input type="checkbox"/> CONCRETE (Testing only) | <input type="checkbox"/> HIGH LOAD DIAPHRAGM/
SHEAR WALL* | <input type="checkbox"/> REINFORCED CONCRETE | <input type="checkbox"/> STRUCTURAL WELDING |
| <input type="checkbox"/> FIREPROOFING | | | |

NOTE:
 *Requires pre-qualification by an Inspections Supervisor. Contact Regina Mauro or Joel Lyles 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

REASON FOR DENIAL

BY: _____
INSPECTION SUPERVISOR

