CITY OF SIMI VALLEY

BUILDING AND SAFETY DIVISION
SPECIAL INSPECTION REPORT

Building Permit # _____ **Address** _____

General Contractor _____ **Structural Engineer** _____

Off-Site Fabricator _____

TYPE OF INSPECTION:
REINFORCED CONCRETE_____ SHOTCRETE _____ PRESTRESSED CONCRETE____ MASONRY_____
WELDING____ HIGH STRENGTH BOLTS_____ EPOXY_____OTHER_____

DAILY _____ **WEEKLY** _____ **FINAL INSPECTION** _____

DESCRIPTION OF WORK INSPECTED AND LOCATION:	DATE:
WELDER: _____ **LICENSE NUMBER:** _____	

Concrete Mix Design Number _____ **PSI** _____

SAMPLES

GROUT	MORTAR	CONCRETE	BLOCK PRISMS	DENSITY

The work that I have inspected has been completed per the approved plans and the requirements of the California Building Code.

Inspector's name_____ Date_____
print

Inspector's signature_____ Page _____ of _____