



STATEMENT OF SPECIAL INSPECTIONS

Project: _____ Permit No. _____

Project location: _____

Project Owner: _____

Address: _____

SC Registered Design Professional in Responsible Charge: _____

Firm (optional): _____

License Number: SC _____ Phone: _____ Fax: _____

Address: _____

Project Architect: _____

Firm (optional): _____

License Number: SC _____ Phone: _____ Fax: _____

Address: _____

Project Structural Engineer: _____

Firm (optional): _____

License Number: SC _____ Phone: _____ Fax: _____

Address: _____

This *Statement of Special Inspections* is submitted as a condition for permit issuance in accordance with the Special Inspection requirements of the International Building Code. It includes a Schedule of Special Inspection Services applicable to this project as well as the name of the Special Inspector(s) and the identity of other approved agencies that are to be retained for conducting these inspections.

The Special Inspector shall keep records of all inspections and shall furnish inspection reports to the Design Professional in Responsible Charge and the Building Official. Discovered discrepancies shall be brought to the immediate attention of the Contractor for correction. If such discrepancies are not corrected, the discrepancies shall be brought to the attention of the Design Professional in Responsible Charge and the Building Official. The Special Inspection program does not relieve the Contractor of his or her responsibilities.

A *Final Report of Special Inspections* documenting completion of all required Special Inspections and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Occupancy.

Job site safety and means and methods of construction are solely the responsibility of the Contractor.

Prepared by:

Type or print name

Signature Date

Individual Seal

Firm Seal

Accepted by:

Type or print name

Signature Date



CONTRACTOR'S STATEMENT OF RESPONSIBILITY

FOR WORK REQUIRING SPECIAL INSPECTIONS, STRUCTURAL OBSERVATIONS AND CONSTRUCTION MATERIAL TESTING IN ACCORDANCE WITH CHAPTER 17 OF THE INTERNATIONAL BUILDING CODE.

Pursuant to Section 1704, Chapter 17 of the International Building Code, the contractor identified herein is responsible for the construction of main wind or seismic force resisting system, designated seismic system or wind or seismic resisting components listed in the statement of special inspections of this project and is hereby submitting this statement of responsibility to the building official of the jurisdiction having authority over this permit and to the owner of this project.

Permit No: _____

Project Name: _____

Project Address: _____

Please check if you are the owner of this project and also acting as the contractor/builder (owner-builder)

Contractor's Company Name: _____

State of South Carolina Contractor's License Number: _____ **Expiration Date:** _____

Name (Type or Print): _____
(First) (M.I.) (Last)

Title/ Position in the Contractor's/Builder's Organization: _____

Mailing Address: _____

Email: _____ **Phone:** _____

- 1. I acknowledge and am aware of special requirements contained in the statement of special inspections**
- 2. I acknowledge that control will be exercised to obtain conformance with the construction documents approved by the building official**
- 3. I will have in place procedures for exercising control within our (the contractor's/builder's) organization for the method and frequency of reporting and the distribution of the reports**
- 4. I certify that I will have a qualified person within our (the contractor's/builder's) organization to exercise such control**

Signature: _____

Date: _____



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COMPASS**
City of Goose Creek

OWNER'S ACKNOWLEDGEMENT OF SPECIAL INSPECTIONS

Project Name: _____

Project Address: _____

Owner's Name/Company: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Fax: _____

Owner's Email: _____

SC Registered Design Professional: _____

License Number: SC _____ Phone: _____ Fax: _____

Address: _____

Email: _____

By signing this acknowledgement, I understand that the SC Registered Design professional in charge and all SC registered special inspectors are hired by myself being listed as the owner of the above referenced project at the above reference address and/or my authorized agent as approved by the building official pursuant to the International Building Code Section 1704 and the South Carolina Building Codes Council.

Signature

Date

Print Name



**CHECKLIST OF REQUIRED SPECIAL INSPECTION REPORTS &
INDIVIDUALS PERFORMING INSPECTIONS**

Project _____ Permit No. _____

Project location: _____

- Concrete:** IBC Table 1705.3
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Exterior Insulation and Finish Systems (EIFS):** IBC Section 1705.17
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Fabricator:** ISO 9000 Lead Quality Assurance Auditor: IBC 1704.2.5
Accrediting Agency: _____ Phone: _____
- Metal Building Fabrication**
Accrediting Agency: _____ Phone: _____
- Precast Concrete Fabrication**
Accrediting Agency: _____ Phone: _____
- Prefabricated Trusses**
Accrediting Agency: _____ Phone: _____
- Steel Bar Joist Fabrication**
Accrediting Agency: _____ Phone: _____
- Structural Steel Fabrication**
Accrediting Agency: _____ Phone: _____
- Masonry:** IBC 1705.4
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Mastic and Intumescent Fire-Resistant Coatings:** IBC Section 1705.16
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Site Welding:** IBC Table 1705.2.2
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Soils:** IBC Sections 1705.6 through 1705.9
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Fill Placement:** IBC 1803.5.8
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Driven Deep Foundations:** IBC 1705.7
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____



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- Cast In Place Deep Foundations:** IBC Section 1705.8
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Helical Pile Foundations:** IBC Section 1705.9
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Special Cases:** IBC Section 1705.1.1
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Fire-resistant Penetrations and Joints:** IBC Section 1705.18
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Special Inspection for Smoke Control:** IBC Section 1705.19
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Special Inspections for Seismic Resistance:** IBC Section 1705.13
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Structural Steel:** IBC Section 1705.13.1
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Structural Wood:** IBC Section 1705.13.2
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Cold Formed Steel Light Framing:** IBC Section 1705.13.3
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Storage Racks:** IBC Section 1705.13.7
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Architectural Components and Access Floors:** IBC Section 1705.13.5 and 1705.13.5.1
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____



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- Plumbing, Mechanical and Electrical Components:** IBC Section 1705.13.6
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Designated Seismic System Verification:** IBC Section 1705.13.4
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Sprayed Fire Resistance Materials:** IBC Section 1705.15 through 1705.15.6
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Steel Frame:** IBC Table 1705.2.1
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- High Strength Bolts:** AISC 360
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Structural Observations:** IBC Section 1704.6 (Risk Category III & IV or over 75')
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Testing and Qualification for Seismic Resistance** IBC Section 1705.14
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Structural Steel:** IBC Sections 1705.13.1 as required by 1705.14.1
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Seismic Certification of Nonstructural Components:** IBC Section 1705.14.2 as required by 1705.14 Individual
Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Seismic Isolation Systems:** IBC Section 1705.14.4 as required by 1705.14
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____
- Wood Construction:** IBC 1705.5
Individual Name: _____ Phone: _____
SC Registration Number: _____ Classification: _____

Prepared by: _____ SC License No. _____

Approved by: _____ Date _____



FINAL REPORT OF SPECIAL INSPECTIONS

Project: _____ **Permit No.:** _____

Project location: _____

Project Owner: _____

Address: _____

SC Registered Design

Professional in Responsible Charge: _____

Firm (optional): _____

License No.: SC _____ **Phone:** _____ **Fax:** _____

Address: _____

To the best of my information, knowledge, and belief, the Special Inspections and/or Testing requirements for this project and designated for this Agent in the *Checklist of Required Inspection Reports*, *Checklist of Quality Assurance Plan* and the *Checklist of Required Testing* submitted for permit, have been completed in accordance with the contract documents.

Interim reports submitted prior to this *Final Report of Inspections* form a basis for and are to be considered an integral part of this Final Report. All discrepancies that were outstanding in all of the Interim reports have been corrected.

Prepared by:

Type or print name

Firm (optional)

Signature Date

Individuals Seal

Firm Seal