

# STATEMENT OF SPECIAL INSPECTIONS

Project: \_\_\_\_\_ Application 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

Accepted by:

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature Date

|                 |
|-----------------|
| Individual Seal |
|-----------------|

|           |
|-----------|
| Firm Seal |
|-----------|

## CONTRACTOR'S STATEMENT OF RESPONSIBILITY

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

Pursuant to Section 1704, Chapter 17 of the 2015 South Carolina 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 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: \_\_\_\_\_

# 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 \_\_\_\_\_ Application No. \_\_\_\_\_

Project location: \_\_\_\_\_

**Concrete** SCBC Table 1705.3  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_

**Exterior Insulation and Finish Systems (EIFS)** SCBC Section 1705.16  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_

**Fabricator** ISO 9000 Lead Quality Assurance Auditor. SCBC 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** SCBC 1705.4  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_

**Mastic and Intumescent fire-resistant coatings** SCBC Section 1705.15  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_

**Site Welding** SCBC Table 1705.2.2  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_

**Soils** SCBC Sections 1705.6 through 1705.9  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_

- Fill Placement SCBC 1804.5**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Driven Deep Foundations SCBC 1705.7**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Cast In Place Deep Foundations SCBC Section 1705.8**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Helical Pile Foundations SCBC Section 1705.9**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Special Cases SCBC Section 1705.1.1**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Special Inspection for Smoke Control SCBC Section 1705.18.1 through 1705.18.2**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Special Inspections for Seismic Resistance SCBC Section 1705.12**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Structural Steel SCBC Section 1705.12.1**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Structural Wood SCBC Section 1705.12.2**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Cold Formed Steel Light Framing SCBC Section 1705.12.3**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Storage Racks SCBC Section 1705.12.7**  
Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_

- Architectural Components and Access Floors** SCBC Section 1705.12.5 and 1705.12.5.1  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Mechanical and Electrical Components** SCBC Section 1705.12.6  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Designated Seismic System Verification** SCBC Section 1705.12.4  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Sprayed Fire Resistance Materials** SCBC Section 1705.14 through 1705.14.6  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Steel Frame** SCBC Table 1705.2.1  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Structural Observations** SCBC Section 1704.6 (Risk Category III & IV or over 75')  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Testing and Qualification for Seismic Resistance** SCBC Section 1705.13  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Structural Steel** SCBC Sections 1705.13.1 as required by 1705.13  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Seismic Certification of Nonstructural Components** SCBC Section 1705.13.2 as required by 1705.13  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Seismic Isolation Systems** SCBC Section 1705.13.4 as required by 1705.13  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_
  
- Wood Construction** SCBC 1705.5  
 Individual Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 SC Registration Number: \_\_\_\_\_ Classification: \_\_\_\_\_

Prepared by: \_\_\_\_\_ SC License No. \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

# FINAL REPORT OF SPECIAL INSPECTIONS

Project: \_\_\_\_\_ Application No.: \_\_\_\_\_

Project location: \_\_\_\_\_

Project Owner: \_\_\_\_\_

Address: \_\_\_\_\_

SC Registered Design  
Professional in Responsible Charge: \_\_\_\_\_

Firm (optional): \_\_\_\_\_

License No.: SC \_\_\_\_\_ Phone: \_\_\_\_\_ SC \_\_\_\_\_ 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.

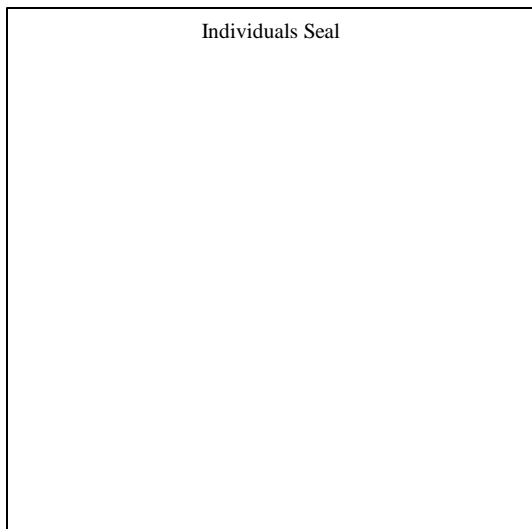
Prepared by:

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Firm (optional)

\_\_\_\_\_  
Signature Date

Individuals Seal



Firm Seal

