

SPECIAL INSPECTIONS CERTIFICATE					
TO BE COMPLETED BY ENGINEER/ARCHITECT RESPONSIBLE FOR SPECIAL INSPECTIONS					
Project Name:		Project Address:		Permit No:	
				Plan Log No:	
Project Owner/Owner's Agent Name:		Mailing Address:		Phone No:	
Engineer/Architect Name:		Mailing Address:		Phone No:	
Firm Name:		Email Address:		Fax No:	
SEAL		<p>I hereby affirm that I am familiar with the design of this project and have been designated by the Owner/Owner's Agent as the Engineer/Architect responsible for implementing the special inspections required by the City of Avondale and IBC 1704-15. I have determined that the types of work checked below require Special Inspection and that the individual(s) or firm(s) named below are qualified to perform the special inspections. I understand and agree to inform the project owner, the contractor(s) and the special inspector(s) about requirements and limitations, including that the special inspector(s) must be independent third party individual(s) or firm(s) and shall not be the installing contractor(s).</p>			
YES	NO	TYPES OF WORK REQUIRING SPECIAL INSPECTION	QUALIFIED SPECIAL INSPECTOR INDIVIDUAL(S) OR FIRM(S)		
		Concrete			
		Masonry			
		Welding			
		Steel			
		Other (Please Specify)			
		Other (Please Specify)			
SPECIAL INSPECTION REVIEWED BY BUILDING DEPARTMENT					
Building Official		_____		Date _____	