



City of Chula Vista
Building Division Inspection Section
Planning and Building Department
276 Fourth Avenue
Chula Vista CA 91910
Information (619) 409-5868 Fax (619) 585-5639

SPECIAL
INSPECTOR/INSPECTION
AGENCY/TESTING
LABORATORY FINAL
REPORT

Special inspection and construction materials testing

DATE: \_\_\_ / \_\_\_ / \_\_\_

SUBJECT: SATISFACTORY COMPLETION OF WORK REQUIRING: (Please check as applicable)
[ ] SPECIAL INSPECTION [ ] CONSTRUCTION MATERIALS TESTING

PERMIT NO.: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ Chula Vista, California

[ ] The special inspection services were provided by:

SPECIAL INSPECTION AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPECIAL INSPECTOR'S NAME: (TYPE OR PRINT) \_\_\_\_\_

(Each special inspector is required to complete and submit this Final Report form when not an employee of an approved testing laboratories or inspection agency)

SPECIAL INSPECTOR'S CERTIFICATION NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

[ ] The construction materials testing were performed by:

TESTING LABORATORY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RESPONSIBLE MANAGING CIVIL ENGINEER OF THE TESTING LABORATORY: (MR./ MS.) \_\_\_\_\_

STATE OF CALIFORNIA REGISTRATION NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

I declare under penalty of perjury that, to the best of my knowledge, all the work requiring special inspection, and/or material sampling and testing, for the structure/s constructed under the subject permit is in conformance with the approved plans and construction documents, the approved inspection and testing program workmanship provisions of the California Building Code as amended by the City of Chula Vista.

Executed on this \_\_\_ day of \_\_\_ / \_\_\_

Signature: \_\_\_\_\_