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: ____________________________

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