



**pennsylvania**

DEPARTMENT OF LABOR & INDUSTRY

BUREAU OF OCCUPATIONAL & INDUSTRIAL SAFETY

File #:	_____
Permit #:	_____
Date:	_____
<b>A7</b>	

Uniform Construction Code

## SPECIAL INSPECTIONS AND OBSERVATIONS STATEMENT

This statement must accompany permit applications for all construction for which special inspections and observations are required in Chapter 17 of the <i>International Building Code 2009 (IBC)</i>	
Project Name:	
Project Address:	
Owner:	Telephone:

This is to certify that all the inspections and observations that I have checked on pages 2-3 **and** on page 4 of this statement are required for the project named above and will be performed by the designated individuals or firms. By signing this statement, I also acknowledge that:

- these inspections and observations must be performed by competent individuals in accordance with the requirements of the *IBC* Chapter 17 (as applicable) and that the construction work must comply with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to department representatives, upon request; and,
- the Final Report section of this statement must be signed by me and a copy of this statement submitted to the department inspector, at the time that the final inspection is performed and before a certificate of occupancy is issued.

\_\_\_\_\_  
Name of Design Professional in Responsible Charge

Affix Seal Here

\_\_\_\_\_  
Signature of Design Professional in Responsible Charge

\_\_\_\_\_  
PA License Number

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date signed (Month/Day/Year)

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS (Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.)
<input type="checkbox"/>	Inspection of Fabricators		
<input type="checkbox"/>	Inspection of Steel Construction		
<input type="checkbox"/>	Inspection of Concrete Construction		
<input type="checkbox"/>	Inspection of Masonry Construction		
<input type="checkbox"/>	Inspection of Wood Construction		
<input type="checkbox"/>	Inspection of Soil Conditions		
<input type="checkbox"/>	Inspection of Driven Deep Foundations		

<b>CHECK EACH THAT APPLIES</b>	<b>TYPE OF SPECIAL INSPECTION OR OBSERVATION</b>	<b>NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION</b>	<b>CREDENTIALS</b> (Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.)
<input type="checkbox"/>	Inspection of Cast-in-Place Foundations		
<input type="checkbox"/>	Inspection of Helical Pile Foundations		
<input type="checkbox"/>	Inspection of Vertical Masonry Foundation Elements		
<input type="checkbox"/>	Inspection of Sprayed Fire-Resistant Materials		
<input type="checkbox"/>	Inspection of Mastic & Intumescent Fire-Resistant Coatings		
<input type="checkbox"/>	Inspection of Exterior Insulation & Finish System (EIFS)		
<input type="checkbox"/>	Inspection of Smoke Control System		
<input type="checkbox"/>	Structural Observations		

**FINAL  
REPORT**

**Required Special Inspections or Observations:**

- |  |   |
|--|---|
| <input type="checkbox"/> Inspection of Fabricators             | <input type="checkbox"/> Inspection of Cast-in-Place Deep Foundations                 |
| <input type="checkbox"/> Inspection of Steel Construction      | <input type="checkbox"/> Inspection of Helical Pile Foundations                       |
| <input type="checkbox"/> Inspection of Concrete Construction   | <input type="checkbox"/> Inspection of Vertical Masonry Foundation Elements           |
| <input type="checkbox"/> Inspection of Masonry Construction    | <input type="checkbox"/> Inspection of Sprayed Fire-Resistant Materials               |
| <input type="checkbox"/> Inspection of Wood Construction       | <input type="checkbox"/> Inspection of Mastic and Intumescent Fire-Resistant Coatings |
| <input type="checkbox"/> Inspection of Soil Conditions         | <input type="checkbox"/> Inspection of Exterior Insulation & Finish System (EIFS)     |
| <input type="checkbox"/> Inspection of Driven Deep Foundations | <input type="checkbox"/> Inspection of Smoke Control System                           |
| <input type="checkbox"/> Structural Observations               |   |

I certify that I have reviewed the report on each of the inspections or observations checked above. These reports indicate that the covered work is in compliance with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code.

Signature of Design Professional in Responsible Charge:

\_\_\_\_\_

Date signed (Day/Month/Year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

KEY for use in **CREDENTIALS** column:  
(on pages 2, 3 and 4)

<b>ACI</b>	American Concrete Institute Certified Concrete Field Testing Technician
<b>AWS</b>	American Welding Society Certified Welding Inspector
<b>ASNT</b>	American Society of Non-Destructive Testing
<b>AWCI</b>	Association of Wall and Ceiling Industries
<b>MCA</b>	Model code agency (ICC, BOCA, SBCCI, ICBO) special inspection certification
<b>PA</b>	Professional Architect (currently licensed)
<b>PE</b>	Professional Engineer (currently licensed)
<b>OTHER</b>	Specialized training coursework or other basis for competency deemed acceptable