



Special Inspection Certificate

Project Information	Project Name: _____	Permit #
	Address: _____	Plan Log #
City _____ State _____ Zip Code _____		

Project Owner/Agent	Owner/Owner's Agent Name: _____
	Complete Address: _____
	Phone # _____ Fax # _____ Email _____

Engineer / Architect Information	Firm Name: _____
	Engineer/Architect Name: _____
	Complete Address: _____
	Phone # _____ Fax # _____ Email _____

CERTIFICATE OF RESPONSIBILITY

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 Buckeye and IBC Section 1704. 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).

(SEAL, SIGN AND DATE)

Required Inspections	YES	NO	TYPES OF WORK	QUALIFIED SPECIAL INDIVIDUAL(S) OR FIRM(S) (Attach Supplement if Necessary)
				Concrete
			Masonry	
			Welding	
			Steel	

Special Inspection Reviewed by Building Department

Building Official / Plans Examiner _____ **Date:** _____