



CITY OF SAN JUAN CAPISTRANO

**SPECIAL INSPECTION REGISTRATION**

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

PERMIT #: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

BUSINESS LICENSE #: \_\_\_\_\_

All licenses listed below must be currently valid and legible copy (s) must be attached to this registration.

I hereby certify that I am qualified by training and experience to perform the inspections for which I hold the above and/or attached Special Inspectors Licenses, and will provide all certification required by the City of San Juan Capistrano. I will inspect and certify the following procedures:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I will certify not only the job conditions, but that they are in conformance with the approved plans. If at any time, progress occurs on the above mentioned job relating to my area (s) of responsibility, without my knowledge or approval, I will stop the job's progress immediately with notification in writing to the job superintendent and notify the Building Department. A record of my test and/or inspections as agreed to above will be provided to the Building Department. I will submit final signed report stating whether the work requiring special inspection was in conformance with the approved plans and specifications and the current building code.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)