

CITY OF WALKER

APPLICATION FOR SPECIAL INSPECTION/INSPECTOR

This form must be completed by THE BUILDING PERMIT APPLICANT (per Michigan Building Code 2003 1704.1.1) This statement of special inspections must be completed and approved before the building permit can be issued.

1. LOCATION OF THE BUILDING:

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Address

2. SPECIAL INSPECTOR:

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Name	address	telephone
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CONTRACTOR:

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Name	address	telephone
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3. MATERIALS AND WORK SUBJECT TO SPECIAL INSPECTION:

- A) \_\_\_ Steel fabrication. (is fabricator AISC certified? yes \_\_\_ no \_\_\_)
- B) \_\_\_ Steel erection (bolts, nuts, washers, material, welding, cutting, etc.)
- C) \_\_\_ Masonry construction operations (material; proportioning, mixing, consistency and application of mortar and grout; condition, size, location and spacing of reinforcement; cold and/or hot weather protection; etc.)
- D) \_\_\_ Concrete (material; condition, size, location and spacing of reinforcement; placement techniques; cold and/or hot weather protection; etc.)
- E) \_\_\_ Precast concrete (must have a quality control program administered by an approved agency.
- F) \_\_\_ Precast concrete erection (compliance with erection drawings; cutting; etc.)
- G) \_\_\_ Wood fabrication (trusses, lam beams, micro lams, I joists, etc.)
- H) \_\_\_ Other: \_\_\_\_\_

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IV. SPECIAL INSPECTOR INFORMATION:

<b>A) STEEL FABRICATION</b>			
Company name		telephone number	
Address	city	state	zip
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

<b>B) STEEL ERECTION</b>			
Company name		telephone number	
Address	city	state	zip
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

<b>C) MASONRY CONSTRUCTION</b>			
Company name		telephone number	
Address	city	state	zip
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

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<b>D) CONCRETE CONSTRUCTION</b>			
Company name		telephone number	
Address	city	state	zip
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

<b>E) PRECAST CONCRETE</b>			
Company name		telephone number	
Address	city	state	zip
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

<b>F) PRECAST CONCRETE ERECTION</b>			
Company name		telephone number	
Address	city	state	zip
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

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G) WOOD FABRICATION			
Company name		telephone number	
Address	city	state	zip
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

H) OTHER			
Company name		telephone number	
Address	city	state	zip
List the name, educational background, experience, licenses and any other credentials for each inspector that will be conducting the inspections (attach additional sheets if needed):			

V. CONFLICT OF INTEREST:

Each special inspector must complete and sign the attached conflict of interest form (make additional copies if needed).

Questions should be referred to Jeff Nelson, City of Walker at (616) 791-6857  
Office hours: 8:00 a.m. -10:00 a.m. and 1:00 p.m. – 2:00 p.m.

NAME OF SPECIAL INSPECTOR: \_\_\_\_\_

VI. CONFLICT OF INTEREST:

- a) Are you or your spouse employed or in anyway affiliated with the contractor or fabricator:

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If YES, please explain your affiliation:

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b) Does blood or marriage relate the contractor or fabricator to you?

            
YES

            
NO

c) Does you or your spouse own stock in the contractor's or fabricator's company?

            
YES

            
NO

d) Does you or your spouse have any financial affiliation with the contractor or fabricator?

            
YES

            
NO

I certify that the statements made by me in this application are true, complete and correct tot the best of my knowledge and belief are made in good faith. I understand that false statements herein are sufficient grounds for rejection of this application. I understand that my statements herein are a material consideration in case of appointment.

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Signature of Inspector

Date

**\*\*\*NOTE\*\*\***

Report requirement: Special inspectors shall keep records of all inspection. The special inspector shall furnish inspection reports to the code official, and to the registered design professional of record. All discrepancies shall be brought to the immediate attention of the contractor for correction. If the discrepancies are not corrected, the discrepancies shall be brought to the attention of the code official and to the registered design professional of record. A final report of inspections documenting completion of all required special inspections and correction of any discrepancies noted in the inspections shall be submitted prior to the issuance of a certificate of occupancy. Interim reports shall be submitted periodically at a frequency agreed upon by the owner and the code official prior to the start of work.