City of EL MIRAGE Arizona
GRAND HERITAGE, BRIGHT FUTURE!

Development Services
Building Safety
10000 N El Mirage Road, El Mirage 85335
623-972-8116; TDD 623-933-3258
www.elmirageaz.gov

SPECIAL INSPECTIONS CERTIFICATE

TO BE COMPLETED BY THE ENGINEER/ARCHITECT RESPONSIBLE FOR SPECIAL INSPECTIONS

Project Name:	**Project Address:**	**Permit No:** **Plan Log No:**
Project Owner/Owner's Agent Name:	**Mailing Address:**	**Phone No:**
Engineer/Architect Name:	**Mailing Address:**	**Phone No:**
Firm Name:	**Email Address:**	**Fax No:**

SEAL

I hereby affirm 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 El Mirage and IBC 1704.

I have determined the types of work checked below require special inspections and the individual(s) or firms 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.

YES	NO	TYPES OF WORK REQUIRING SPECIAL INSPECTION	QUALIFIED SPECIAL INSPECTOR(S) OR FIRM(S)
		Concrete	
		Masonry	
		Welding	
		Steel	
		Other (please specify)	
		Other (Please specify)	

SPECIAL INSPECTION REVIEWED/APPROVED BY BUILDING DEPARTMENT

Building Official_____ Date_____