CITY OF GALT
Community Development Department, Building Division
495 Industrial Dr.
Galt, CA 95632
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Structural Observation Program

Designation of Structural Observer

Project Address:_____ Building Permit Number:_____

Description of Work: _____

Owner:_____ Architect:_____ Engineer: _____

Structural Observation (only Checked items are required)			
Firm or Individual to be responsible for the structural observation: Name:		Phone Number:	
Foundation	Wall	Frame	Diaphragm
☐Footings, Stem Walls, Piers	☐Concrete	☐Steel Moment Frame	☐Concrete
☐Mat Foundation	☐Masonry	☐Steel Braced Frame	☐Steel Deck
☐Caisson, Piles, Grade Beams	☐Wood	☐Concrete Moment Frame	☐Wood
☐Retaining Foundations	☐Others:	☐Masonry Wall Frame	☐Others:
☐Others:		☐Heavy Timber Frame	

DECLARATION BY OWNER:

I, the Owner of the project, declare that the above listed firm or individual is hired **by me** to be the Structural Observer.

_____ _____
Signature Date

DECLARATION BY ARCHITECT OR ENGINEER OF RECORD (required if S.O. is different from the A/E of Record)

I, the Architect or Engineer of Record for the project, declare that the above listed firm or individual is designated by me to be responsible for the Structural Observation.

_____ _____
Signature Date