City of Jurupa Valley

Building and Safety

# Application for Special Inspector

FOR OFFICE USE ONLY

DATE _____ AMOUNT PAID _____

☐ NEW ☐ RENEWAL ☐ ADD-ON PERMIT # _____

## SPECIAL INSPECTOR

| NAME | | | |
|---|---|---|---|
| | | | |
| ADDRESS | | | PHONE |
| | | | |
| CITY | STATE | ZIP | EMAIL |
| | | | |

TYPE OF CERTIFICATION REQUIRED

☐ EPOXY ☐ MASONRY ☐ PRESTRESSED CONCRETE ☐ STRUCTURAL STEEL & BOLTING

☐ CONCRETE (Testing only) ☐ HIGH LOAD DIAPHRAGM/ SHEAR WALL ☐ REINFORCED CONCRETE ☐ STRUCTURAL WELDING

☐ FIREPROOFING

☐ OTHER (AS AUTHORIZED BY CBO) _____

QUALIFICATIONS (Provide copies of qualifying documentation)

## AFFIDAVIT

I HAVE READ AND UNDERSTAND THE SPECIAL INSPECTION GUIDELINES. I AGREE TO ABIDE BY THE MINIMUM RULES STATED THEREIN AND PRESCRIBED PROCEDURES.

I DECLARE THIS STATEMENT TO BE TRUE AND CORRECT UNDER PENALTY OF PERJURY.

_____ _____

SIGNATURE CITY BUSINESS REGISTRATON NO. (if known)

_____

PRINT NAME

FOR OFFICE USE ONLY

☐ **APPROVED** ☐ **DENIED**

BY: _____ Date: _____

BUILDING OFFICIAL

REASON FOR DENIAL

## EDUCATION

| SCHOOL OR COLLEGE | COURSE OF STUDY | UNITS EARNED | YEAR |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

HIGHEST GRADE COMPLETED_____YEAR _____

## EXPERIENCE

| |
|---|
| |
| |
| |
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| |

## ICC CERTIFICATION HISTORY (LIST BELOW AND ENCLOSE COPIES)

| DISCIPLINE | EXPIRATION DATE | YEAR FIRST ISSUED | CERT NO. | LAST PROCTORED EXAM DATE |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

List below your employers beginning with most current. Be sure to provide addresses and phone numbers.

| DATES EMPLOYED | NAMES AND ADDRESSES OF EMPLOYERS | POSITIONS/DUTIES |
|---|---|---|
| FROM | EMPLOYER | |
| TO | ADDRESS & ZIP TELEPHONE | OKAY TO CONTACT ☐ YES ☐ NO |
| FROM | EMPLOYER | |
| TO | ADDRESS & ZIP TELEPHONE | OKAY TO CONTACT ☐ YES ☐ NO |
| FROM | EMPLOYER | |
| TO | ADDRESS & ZIP TELEPHONE | OKAY TO CONTACT ☐ YES ☐ NO |
| FROM | EMPLOYER | |
| TO | ADDRESS & ZIP TELEPHONE | OKAY TO CONTACT ☐ YES ☐ NO |