



CITY OF BUCKEYE
Development Services Department

Special Inspection Certificate

Project Information	Project Name: _____	Permit # _____
	Address: _____	Plan Log # _____
	City _____ State _____ Zip Code _____	

Project Owner/Agent	Owner/Owner's Agent Name: _____
	Complete Address: _____
	Phone # _____ Fax # _____ Email _____

Engineer/Architect Information	Firm Name: _____
	Engineer/Architect Name: _____
	Complete Address: _____
	Phone #: _____ Fax #: _____ Email: _____

CERTIFICATE OF RESPONSIBILITY

I hereby affirm that 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 Buckeye and IBC Section 1704. I have determined that the types of work checked below require special inspection and that the individual(s) or firm(s) 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(s).

(SEAL, SIGN AND DATE)

Required Inspections	YES	NO	TYPES OF WORK	QUALIFIED SPECIAL INDIVIDUAL(S) OR FIRM(S) (Attach Supplement if Necessary)
	☐	☐	Concrete	
	☐	☐	Masonry	
	☐	☐	Welding	
	☐	☐	Steel	
	☐	☐		

Special Inspection Reviewed by Building Department
Building Official/Plans Examiner _____

Date: _____

CERTIFICATE OF COMPLIANCE

I certify that to the best of my knowledge, the requirements of the approved plans for which special inspection is required in the International Building code, have been complied with. A guarantee that the contractor has necessarily fulfilled obligations of his contract is neither intended nor implied.

(SEAL, SIGN AND DATE)

City of Buckeye Building Safety Division
(623)349-6200 or permitcenter@buckeyeaz.gov