



# COLLIER TOWNSHIP

www.colliertownship.net

## SPECIAL INSPECTION & OBSERVATION STATEMENT

Project Name \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_

Contact # \_\_\_\_\_

This is to certify that all the inspections and observations that I have checked on pages 2-3 and on page 4 of this statement are required for the project named above and will be performed by the designated individuals or firms. By signing this statement, I also acknowledge that:

- these inspections and observations must be performed by competent individuals in accordance with the requirements of the IBC Chapter 17 (as applicable) and that the construction work must comply with the Collier Township approved plans and specifications and all applicable provisions of the Uniform Construction Code;
- records of all required special inspections and testing observations (including any discrepancies and methods of correction of these discrepancies) will be retained and made available to Collier Township representatives, upon request; and,
- the Final Report section of this statement must be signed by me and a copy of this statement submitted to the Collier Township Building Code Official, at the time that the final inspection is performed and before a certificate of occupancy is issued.

Affix Seal Here

\_\_\_\_\_  
Name of Design Professional in Responsible Charge

\_\_\_\_\_  
Signature of Design Professional in Responsible Charge

\_\_\_\_\_  
PA License Number Date signed (Month/Day/Year)

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS (Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.)
<input type="checkbox"/>	Inspection of Fabricators		
<input type="checkbox"/>	Inspection of Steel Construction		
<input type="checkbox"/>	Inspection of Concrete Construction		
<input type="checkbox"/>	Inspection of Masonry Construction		
<input type="checkbox"/>	Inspection of Wood Construction		
<input type="checkbox"/>	Inspection of Soil Conditions		
<input type="checkbox"/>	Inspection of Driven Deep Foundations		

CHECK EACH THAT APPLIES	TYPE OF SPECIAL INSPECTION OR OBSERVATION	NAME AND ADDRESS OF INDIVIDUAL AND/OR FIRM PERFORMING INSPECTION OR OBSERVATION	CREDENTIALS (Enter acronym from page 4. If "Other," please specify special training or basis for competency to perform work.)
<input type="checkbox"/>	Inspection of Cast-in-Place Foundations		
<input type="checkbox"/>	Inspection of Helical Pile Foundations		
<input type="checkbox"/>	Inspection of Vertical Masonry Foundation Elements		
<input type="checkbox"/>	Inspection of Sprayed Fire-Resistant Materials		
<input type="checkbox"/>	Inspection of Mastic & Intumescent Fire-Resistant Coatings		
<input type="checkbox"/>	Inspection of Exterior Insulation & Finish System (EIFS)		
<input type="checkbox"/>	Inspection of Smoke Control System		
<input type="checkbox"/>	Structural Observations		

**FINAL REPORT**

**Required Special Inspections or Observations:**

- Inspection of Fabricators
- Inspection of Steel Construction
- Inspection of Concrete Construction
- Inspection of Masonry Construction
- Inspection of Wood Construction
- Inspection of Soil Conditions
- Inspection of Driven Deep Foundations
- Structural Observations
- Inspection of Cast-in-Place Deep Foundations
- Inspection of Helical Pile Foundations
- Inspection of Vertical Masonry Foundation Elements
- Inspection of Sprayed Fire-Resistant Materials
- Inspection of Mastic and Intumescent Fire-Resistant Coatings
- Inspection of Exterior Insulation & Finish System (EIFS)
- Inspection of Smoke Control System

I certify that I have reviewed the report on each of the inspections or observations checked above. These reports indicate that the covered work is in compliance with the department-approved plans and specifications and all applicable provisions of the Uniform Construction Code.

Signature of Design Professional in Responsible Charge:

Date signed (Day/Month/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

KEY for use in **CREDENTIALS** column:  
(on pages 2, 3 and 4)

<b>ACI</b>	American Concrete Institute Certified Concrete Field Testing Technician
<b>AWS</b>	American Welding Society Certified Welding Inspector
<b>ASNT</b>	American Society of Non-Destructive Testing
<b>AWCI</b>	Association of Wall and Ceiling Industries
<b>MCA</b>	Model code agency (ICC, BOCA, SBCCI, ICBO) special inspection certification
<b>PA</b>	Professional Architect (currently licensed)
<b>PE</b>	Professional Engineer (currently licensed)
<b>OTHER</b>	Specialized training coursework or other basis for competency deemed acceptable