



BUILDING AND SAFETY DIVISION

Special/Deputy Inspector

455 E Florida Ave
Hemet CA 92543

Name of Inspector: _____
Mailing Address: _____
Contact Phone Number: _____ Laboratory/Shop Name: _____

Supervisor/Employer: _____
Mailing Address: _____
Contact Phone Number: _____

FIELDS CERTIFIED IN:

Reinforced Concrete & Masonry	Certification #: _____	Expires: _____
Masonry Only	Certification #: _____	Expires: _____
Structural Steel	Certification #: _____	Expires: _____
Welding	Certification #: _____	Expires: _____
ICC Certificate	Certification #: _____	Expires: _____
Other	Certification #: _____	Expires: _____

JOB ADDRESS TO BE INSPECTED IN CITY:

Inspections performing:

Tract #: _____
Length of Inspection: _____ Permit Number: _____

I certify that the information given above is correct and further state that I am a Certified Inspector capable of furnishing continuous inspection in the fields checked above in accordance with Section 306 (a) of the Uniform Building Code.

_____ Signature _____ Date _____
Print Name

BUILDING DEPARTMENT USE ONLY

Information Taken By: _____ Date: _____