

CITY OF CLEVELAND
Department of Building and Housing
Room 517, City Hall, 601 Lakeside Avenue
Cleveland, Ohio 44114-1070

Date: _____

Dear Sir: _____
Name and Address of Special Inspector

You are hereby designated as a Special Inspector by the Contractor/Owner to verify that the following items are performed for the structure to be constructed at: _____

The following inspections and tests marked (X) are required by the Ohio Building Code, and therefore are requested by the contractor. You are requested to provide regular inspection and test reports for the same.

- () Controlled earthwork.
- () Inspect bearing surface for footings.
- () Verification of allowable soil bearing capacity minimum _____.
- () Caisson bearing inspection (Manual, physical bottom inspection and daily reports.)
- () Pile driving inspection (Daily Reports/ Pile or caisson load tests.
- () Fire proofing/fire stopping.
- () Structural concrete (inspection & laboratory tests per AC1-318 (daily reports)
- () Structural steel – (high strength bolts and welds per AISC)
- () Reinforced masonry (inspection and testing per NCMA)
- () Roof trusses erection and connections.
- () A final report from you is required stating that the items above were constructed as designed and specified. Without this final report the Certificate of Occupancy cannot be issued.

The applicant (contractor) shall inform the Special Inspector when the above inspection(s) are to be performed, as they are a prime requirement of the building permit. Non-compliance will void the permit.

Permit Applicant's Name _____
Print Signature

Contractor's Company Name _____

Address _____ Phone: () _____

After your appointment has been confirmed by the contractor, accept the assignment(s) by signing in the space below. Mail back this entire sheet to this office on or before _____. Please submit reports to Building Records Room 517, City of Cleveland's address. Attention: **Ms. Toni Allen**. The building Permit Number and Project Number and project address must be shown on every report.

David Cooper, R.A./CBO
Department of Building & Housing

BY: _____
Plan Examiner

Accepted by: _____ Date _____

Address: _____ Telephone () _____

