



## City of Bisbee Building Department

### SPECIAL INSPECTION CERTIFICATE

Post at jobsite with permit

Project Name:	Project Address:
Permit #:	Date:
<b>Project Owner/Agent:</b>	
Contact Person:	
Mailing Address:	
Phone:	Email:
<b>Registered Design Professional of Record Name:</b>	
Company Name:	
Mailing Address:	
Phone:	Email:

**SECTIONS 1 and 2** must be complete and the ***original*** certificate returned to the Building Department to be reviewed and approved by the Building Official *prior to permit issuance*.

**SECTION 3** must be completed and the ***original*** certificate shall be sealed by the Engineer/Architect of Record ***after*** completion of the work and the ***original*** certificate returned to the City of Bisbee Building Department prior to the issuance of the certificate of occupancy.

#### SECTION 1 - OWNER'S DELEGATION OF SPECIAL INSPECTION

Chapter 17 of the International Building Code, as adopted by the City of Bisbee requires that certain construction work be identified by and work performed by special inspection. The owner or the Engineer or Architect of Record Shall employ the special inspector. I, as owner/legal agent, do hereby certify that I have retained \_\_\_\_\_ to be responsible for conducting the required Special Inspection(s) for the above referenced project.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### SECTION 2 - ARCHITECT OR ENGINEER RESPONSIBLE FOR SPECIAL INSPECTION

I certify that I am familiar with the design of the above reference project and in accordance with Chapter 17 of the International Building Code, as adopted by the City of Bisbee. I hereby assume responsibility for executing the required special inspection(s). Inspection reports shall be furnished to the Building Official. The following individual(s) will be special field inspector(s) under my direct supervision and shall be on the job site to render competent inspections of the work assigned in conformance with the approved design drawings and specifications.

TYPE OF INSPECTION	X	NAME OF INSPECTOR
1. Structural Steel	_____	_____
2. Welding	_____	_____
3. Concrete	_____	_____
4. High Strength Bolting	_____	_____
5. Masonry	_____	_____
6. Spray Applied Fire Proofing	_____	_____
7. EIFS	_____	_____
8. Soils	_____	_____
9. Piles	_____	_____
10. Medical Gas	_____	_____
11. Emergency & Standby Electrical Power Systems	_____	_____

Place Registration Seal and Signature and Date to the right  
 Along with expiration date. **SUBMIT ALL INSPECTORS CERTIFICATIONS**

Each above named special inspector has demonstrated competence to the satisfaction of the Building Official, for inspection of the particular type of construction or operation requiring special inspection.

Building Official: \_\_\_\_\_ Date \_\_\_\_\_  
 Xavier Rodriguez, City of Bisbee Building

**SECTION 3 - CERTIFICATE OF COMPLIANCE**

Place Registration Seal, Signature and Date:

I certify that, to the best of my knowledge, the requirements of the approved plans for which special inspection is required and Chapter 17 of the International Building Code, have been complied with. A guarantee that the contractor has necessarily fulfilled the obligations of his contract is neither intended nor implied.

**Return to City of Bisbee**  
**Building Inspector**  
**118 Arizona Street**  
**Bisbee, AZ 85603**

**520-432-6015 Phone**  
[XRodriguez@BisbeeAZ.gov](mailto:XRodriguez@BisbeeAZ.gov)