



BUILDING AND SAFETY DEPARTMENT

8838 E. VALLEY BOULEVARD P.O BOX 399
ROSEMEAD, CALIFORNIA 91770
TELEPHONE (626) 569-2100
FAX (626) 307-9218

SPECIAL/DEPUTY INSPECTOR

NAME: _____ PHONE #: _____

MAILING ADDRESS: _____

COMPANY: _____ BUSINESS LICENSE #: _____

ADDRESS: _____ PHONE #: _____

CLASSIFICATION

- | | | |
|------------------------------------|---------------|-------------------|
| 1. Reinforced Concrete and Masonry | Cert. # _____ | Expires on: _____ |
| 2. Masonry Only | Cert. # _____ | Expires on: _____ |
| 3. Structural Steel | Cert. # _____ | Expires on: _____ |
| 4. Welding | Cert. # _____ | Expires on: _____ |
| 5. Other | Cert. # _____ | Expires on: _____ |

JOB ADDRESS IN CITY: _____ Permit No.: _____

INSPECTION/S PERFORMING: _____

I certify that the information given above is correct and further state that I am a Certified Inspector capable of furnishing inspection in the fields checked above in accordance with Section 1704 of the 2017 Los Angeles Building Code.

****NOTE:** This form (or copy) shall be on job site for city inspection. ******

Signature: _____

Printed Name: _____

Date: _____

BUILDING DEPARTMENT USE ONLY:

Information Taken By: _____

Time: _____ Date: _____