



**City of El Cajon**  
**Building & Fire Safety Division**  
 200 Civic Center Way  
 El Cajon, CA 92020  
 619-441-1726

**SPECIAL INSPECTION PROGRAM**

**ADDRESS OR LEGAL DESCRIPTION:** \_\_\_\_\_

**PLAN CHECK NUMBER:** \_\_\_\_\_ **OWNER'S NAME:** \_\_\_\_\_

I, as the owner, or agent of the owner (contractors may not employ the special inspector), certify that I, or the architect/engineer of record, will be responsible for employing the special inspector(s) as required by the California Building Code Chapter 17 for the construction project located at the site listed above.

**Signed** \_\_\_\_\_

I, as the engineer/architect or record, certify that I have prepared the following special inspection program as required by CBC Chapter 17 as applicable for the construction project located at the site listed above.

Engineer/Architect's seal  
and signature here

**Signed** \_\_\_\_\_

**1. List of work requiring special inspection:**

- |  |  |
|--|--|
| <input type="checkbox"/> Soils compliance prior to foundation inspection | <input type="checkbox"/> Field welding           |
| <input type="checkbox"/> Structural Concrete over 2500 PSI               | <input type="checkbox"/> High strength bolting   |
| <input type="checkbox"/> Pre-stressed concrete                           | <input type="checkbox"/> Expansion/epoxy anchors |
| <input type="checkbox"/> Structural masonry                              | <input type="checkbox"/> Sprayed on fireproofing |
| <input type="checkbox"/> Designer specified                              | <input type="checkbox"/> Other _____             |

**2. Name(s) of individual(s) or firm(s) responsible for the special inspections listed above:**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

**3. Duties of the special inspectors for the work listed above:**

- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

Note- Special inspectors shall check in with the City and present their credentials for approval prior to beginning work on the job site.