

Town of McConnells
P O Box 115
McConnells, South Carolina 29726-0115

STATEMENT OF SPECIAL INSPECTIONS
Identification of the Design Professional in Responsible Charge

Project: _____
Project Location: _____
Project Owner: _____
Address: _____
Phone: _____ Fax: _____ Email: _____

SC Registered Design Professional in Responsible Charge:

Name: _____
Firm (optional): _____
Address: _____
SC License No.: _____ Phone: _____ Fax: _____
Email: _____

Architect: _____
Firm (optional): _____
Address: _____
SC License No.: _____ Phone: _____ Fax: _____
Email: _____

Structural Engineer: _____
Firm (optional): _____
Address: _____
SC License No.: _____ Phone: _____ Fax: _____
Email: _____

This Identification of the Design Professional in Responsible Charge is submitted as a condition for permit issuance in accordance with the Special Inspection and Structural Testing requirements of the International Building Code. To be included with this form is a "Statement of Special Inspections" applicable to the project as well as a listing of the Special Inspector(s) and their qualifications (see reverse side of this form) and the identity of other approved agencies that are to be retained for conducting these inspections.

The Special Inspector shall keep records of all inspections and shall furnish inspection reports to the Design Professional in Responsible Charge and the Building Official as outlined in the South Carolina Department of Labor, Licensing and Regulation Special Inspections Manual.

A **Final Report of Special Inspections** documenting completion of all required Special Inspections, testing and correction of any discrepancies noted in the inspections shall be submitted prior to issuance of a Certificate of Occupancy.

Design Professional in Responsible Charge:

Type or Print Name

Signature

Date

Individual Seal

Firm Seal (If applicable)

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STATEMENT OF SPECIAL INSPECTIONS

List of Special Inspectors

Please see the SCLLR Special Inspections Manual for criteria that Special Inspectors must meet.

Please attach a copy of each special inspector's state registration or license.

Project: _____
Project Location: _____
Inspector Name: _____
Firm (optional): _____
Address: _____
SC Reg./Lic. No.(s): _____ Phone: _____ Fax: _____

Inspections to be performed: _____
Inspector Name: _____
Firm (optional): _____
Address: _____
SC Reg./Lic. No.(s): _____ Phone: _____ Fax: _____

Inspections to be performed: _____
Inspector Name: _____
Firm (optional): _____
Address: _____
SC Reg./Lic. No.(s): _____ Phone: _____ Fax: _____

Inspections to be performed: _____
Inspector Name: _____
Firm Optional): _____
Address: _____
SC Reg./Lic. No.(s): _____ Phone: _____ Fax: _____

Inspections to be performed: _____

When special inspections are required by the design professional or the IBC, the project owner or his designated architect or engineer of record shall retain the services of a qualified special inspector to test the work indicated by the "Statement of Special Inspections". I certify that I have contracted with the above listed inspectors to perform special inspections for the project listed above.

Property Owner or Design Professional in Responsible Charge:

Type or Print name

Signature

Date

STATEMENT OF SPECIAL INSPECTIONS
Contractor's Statement of Responsibility

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Each contractor responsible for the construction or fabrication of a main wind or seismic force-resisting system, designated seismic system or wind or seismic-resisting component listed in the Statement of Special Inspections, Requirements for Seismic or Wind Resistance, must submit a Statement of Responsibility.

Project: _____

Contractor's Name: _____

Address: _____

License No.: _____

Description of building systems and components included in Statement of Responsibility:

Contractor's Acknowledgement of Special Requirements

I hereby acknowledge that I have received, read, and understand the Statement of Special Inspections and Special Inspection program:

I hereby acknowledge that control will be exercised to obtain conformance with the approved construction documents.

Name and Title (type or print) _____

Signature _____

Date _____

Contractor's Provisions for Quality Control

Procedures for exercising control within the contractor's organization, the method and frequency of reporting and distribution of reports is attached to this Statement.

Identification and qualifications of the person(s) exercising such control and their position(s) in the organization are attached to this Statement.